

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131231

FILED
Feb 26, 2006
Secretary of State

Entity Name: NORM'S DETAILED HANDYMAN SERVICES, INC.

Current Principal Place of Business:

615 AURORA STREET
SOUTH DAYTONA, FL 321192007

New Principal Place of Business:

Current Mailing Address:

615 AURORA STREET
SOUTH DAYTONA, FL 321192007

New Mailing Address:

FEI Number: 20-0383022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERARD, NORMAND A
615 AURORA STREET
SOUTH DAYTONA, FL 321192007 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERARD, NORMAND A
Address: 615 AURORA STREET
City-St-Zip: SOUTH DAYTONA, FL 321192007

Title: VP () Delete
Name: BERARD, MOLLYJO A
Address: 615 AURORA STREET
City-St-Zip: SOUTH DAYTONA, FL 321192007

Title: TR/S () Delete
Name: VIALPANDO, DIANA P
Address: 615 AURORA STREET
City-St-Zip: SOUTH DAYTONA, FL 321192007

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: VIALPANDO, DIANA P
Address: 3565 OLD DELAND ROAD
City-St-Zip: DAYTONA BEACH, FL 32124

Title: TRES (X) Change () Addition
Name: BERARD, PAMELA
Address: 615 AURORA STREET
City-St-Zip: SOUTH DAYTONA, FL 321192007

Title: SEC () Change (X) Addition
Name: BERARD-JOYNER, ELIZABETH
Address: 14 BUTTONWOOD LANE, UNIT B
City-St-Zip: PALM COAST, FL 32137

Title: HRO () Change (X) Addition
Name: BERARD, MOLLYJO A
Address: 615 AURORA STREET
City-St-Zip: SOUTH DAYTONA, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAND A.J. BERARD

PRES

02/26/2006

Electronic Signature of Signing Officer or Director

_____ Date