

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131231

FILED
Apr 27, 2008
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:

3565 OLD DELAND ROAD
DAYTONA BEACH, FL 32124

Current Mailing Address:

615 AURORA STREET
SOUTH DAYTONA, FL 321192007

New Mailing Address:

3565 OLD DELAND ROAD
DAYTONA BEACH, FL 32124

FEI Number: 20-0383022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

BERARD, NORMAND A
3565 OLD DELAND ROAD
DAYTONA BEACH, FL 32124 US

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:

04/27/2008

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: VIALPANDO, DIANA P
Address: 3565 OLD DELAND ROAD
City-St-Zip: DAYTONA BEACH, FL 32124

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

Title: SEC () Delete
Name: BERARD-JOYNER, ELIZABETH
Address: 615 AURORA STREET, UNIT B
City-St-Zip: SOUTH DAYTONA, FL 32119

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERARD, NORMAND A
Address: 3565 OLD DELAND ROAD
City-St-Zip: DAYTONA BEACH, FL 32124

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

P

04/27/2008

Electronic Signature of Signing Officer or Director

Date