

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90052 013 ***158.75

DOCUMENT # P03000144974

1. Entity Name

ANDREW JOEHL HANDYMAN, INC.



Principal Place of Business

8531 TINY LILY DR
CITRUS SPRINGS FL 34434
US

Mailing Address

8531 TINY LILY DR
CITRUS SPRINGS FL 34434
US



2. Principal Place of Business - No P.O. Box #

8531 n Tiny Lily Dr

3. Mailing Address

8531 n Tiny Lily Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Citrus Springs FL

City & State

Citrus Springs FL

4. FEI Number

20-0472282

Applied For
Not Applicable

Zip

34434

Country

Citrus

Zip

34434

Country

Citrus

5. Certificate of Status Desired

✓ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BANNER, MICHAEL
4244 W. TENNESSEE ST.
#185
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

Mary Ann Smith

Street Address (P.O. Box Number is Not Acceptable)

4818 N. Valley Terrace

City

Pine Ridge

FL

Zip Code

34465

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary Ann Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
JOEHL, ANDREW
8531 TINY LILY DR
CITRUS SPRINGS FL 34434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/07