PAGE1 14568

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90580 018 ***158.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000020446

1. Entity Name
STELLA FERRIS HANDYMAN SERVICE, INC.

20037086

Principal Place of Business	Mailing Address
4601 E. HIGHWAY 100/MOODY BLVD UNIT 8 BUNNELL, FL 32110	P.O. BOX 2124 FLAGLER BEACH, FL 32136 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04152005 Chg-P CR2E034 (10/03)

4. FEI Number 200648897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRIS, STELLA
301 N. 4TH STREET
FLAGLER BEACH, FL 32136

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: ______________________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	STELLA, FERRIS	
STREET ADDRESS	P.O. BOX 2124	
CITY-ST-ZIP	BUNNELL, FL 32136	
TITLE	VP	☐ Delete
NAME	JAMES, DEAL	
STREET ADDRESS	P.O. BOX 2124	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stella Ferris 4/15/05 (386)931-2119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04/15/2005 04:24 386-446-0604