

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020446

FILED
Jul 14, 2008
Secretary of State

Entity Name: STELLA FERRIS HANDYMAN SERVICE, INC.

Current Principal Place of Business:

4601 E. HIGHWAY 100/MOODY BLVD
UNIT 8
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2124
FLAGLER BEACH, FL 32136 US

New Mailing Address:

FEI Number: 20-0648897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STELLA, FERRIS
Address: P.O. BOX 2124
City-St-Zip: BUNNELL, FL 32136

Title: VP () Delete
Name: JAMES, DEAL
Address: P.O. BOX 2124
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STELLA FERRIS

OWN

07/14/2008

Electronic Signature of Signing Officer or Director

Date