

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90022 049 ***158.75

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1. Entity Name

MARTHA'S CLEANING & HANDYMAN REPAIR SERVICE, INC.



Principal Place of Business

**3726 HADE DR S
LAKELAND FL 33801**

Mailing Address

**3726 HADE DR S
LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0720559

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REDILLA, RHONDA
3726 HADE DR S
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name

DAVID REDILL JR.

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

3726 HADE DR S.

City

LAKELAND

FL

Zip Code

33801

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

David Redill Jr.

(NOTE: Registered Agent signature required when constituting)

DATE

3-9-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 **P** ☐ Delete
NAME **REDILLA, MARTHA**
STREET ADDRESS **3726 HADE DR S**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **V** ☐ Delete
NAME **REDILLA SR, DAVID**
STREET ADDRESS **3726 HADE DR S**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **D** ☒ Delete
NAME **REDILLA, RHONDA**
STREET ADDRESS **3726 HADE DR S**
CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE ☐ Change ☐ Addition
NAME
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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 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:

Martha Redill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-06 863-667-4951

Date

Daytime Phone #