

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90205 032 \*\*\*150.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P04000025045</b>   |  |  |
| 1. Entity Name<br><b>MARTHA'S CLEANING &amp; HANDYMAN REPAIR SERVICE, INC.</b> |  |   |
| Principal Place of Business<br><b>3726 HADE DR S<br/>LAKELAND FL 33801</b>     |  | Mailing Address<br><b>3726 HADE DR S<br/>LAKELAND FL 33801</b>                    |



|   |                          |   |         |
|---|--------------------------|---|---------|
| 2. Principal Place of Business - No P.O. Box #<br><del>3726 HADE DR S</del> |                          | 3. Mailing Address<br><del>3726 HADE DR S</del> |         |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc.                             |         |
| City & State<br><del>LAKELAND FL</del>                                      |                          | City & State                                    |         |
| Zip<br><del>33801</del>   | Country<br><del>FL</del> | Zip   | Country |

1st MOORE CR2E034 (10/06)

|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>20-0720559</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |  |
| 6. Name and Address of Current Registered Agent<br><b>REDILLA DAVID JR<br/>3726 HADE DR S<br/>LAKELAND FL 33801</b>  |  | 7. Name and Address of New Registered Agent<br>Name <b>Redilla David Jr Director</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3726 HADE DR S</b><br>City <b>LAKELAND</b> FL Zip Code <b>33801</b> |
| 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. <b>David Redilla Jr Director</b><br>SIGNATURE <b>David Redilla Jr</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/18/2007</b> |  |  |

**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                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>REDILLA, MARTHA<br/>3726 HADE DR S<br/>LAKELAND FL 33801</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>REDILLA SR, DAVID<br/>3726 HADE DR S<br/>LAKELAND FL 33801</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR<br/>Redilla DAVID JR<br/>3726 HADE DR S<br/>LAKELAND FL 33801</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DIRECTOR<br/>Redilla DAVID JR<br/>3726 HADE DR S<br/>LAKELAND FL 33801</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: **Redilla SR DAVID** **April 18/2007** **813667**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **4951**