


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90222 006 ***150.00

DOCUMENT # P04000033100	
1. Entity Name BOEHM HANDYMAN SERVICES, INC.	

Principal Place of Business 4224 PALM TREE BLVD. CAPE CORAL FL 33904	Mailing Address 4224 PALM TREE BLVD. CAPE CORAL FL 33904
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2. Principal Place of Business 314 NW 14th ST. Suite, Apt. #, etc. CAPE CORAL 208 City & State CAPE CORAL FLORIDA Zip 33993 Country USA	3. Mailing Address 314 NW 14th ST. Suite, Apt. #, etc. City & State CAPE CORAL FLORIDA Zip 33993 Country USA
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1st MOORE CR2E034 (10/04)

4. FEI Number 30-0251886	<input type="checkbox"/> Applied For <input checked="" 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 BOEHM, RONALD D 4224 PALM TREE BLVD. CAPE CORAL FL 33904	
7. Name and Address of New Registered Agent Name BOEHM, RONALD D. Street Address (P.O. Box Number is Not Acceptable) 314 NW 14th ST. City CAPE CORAL FL Zip Code 33993	

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)

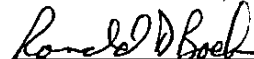
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOEHM, RONALD D 4224 PALM TREE BLVD. CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOEHM, RONALD D. 314 NW 14th ST. CAPE CORAL FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:  **RONALD D. BOEHM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05 (239) 242-9806
Date Daytime Phone #