

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043429

FILED
Apr 20, 2005
Secretary of State

Entity Name: WINPAT HANDYMAN SERVICES, INC.

Current Principal Place of Business:

13200 W. NEWBERRY ROAD
F-28
NEWBERRY, FL 32669 US

New Principal Place of Business:

4655 E HWY 316
CITRA, FL 32113 US

Current Mailing Address:

13200 W. NEWBERRY ROAD
F-28
NEWBERRY, FL 32669 US

New Mailing Address:

4655 E HWY 316
CITRA, FL 32113 US

FEI Number: 20-2426883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATIENCE, WINSTON R MR.
13200 W. NEWBERRY RD
F-28
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

PATIENCE, WINSTON R MR.
4655 E HWY 316
CITRA, FL 32113 US

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: DORETTE PATIENCE

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATIENCE, WINSTON R MR.
Address: 13200 W NEWBERRY RD
City-St-Zip: NEWBERRY, FL 32669 US

Title: VP () Delete
Name: ELLIS-PATIENCE, DORETTE MRS
Address: 13200 W. NEWBERRY RD F-28
City-St-Zip: NEWBERRY, FL 32669 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PATIENCE, WINSTON R MR.
Address: 4655 E HWY316
City-St-Zip: CITRA,, FL 32113 US

Title: VP (X) Change () Addition
Name: ELLIS-PATIENCE, DORETTE MRS
Address: 4655 E HWY 316
City-St-Zip: CITRA, FL 32113 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DORETTE PATIENCE

MRS

04/20/2005

Electronic Signature of Signing Officer or Director

Date