

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000053196 1. Entity Name MICHELLE BATCHELOR HANDYMAN SERVICES INC.								05 OCT 11 PH 4: 35					
1601 S ORLANDO AVE				Mailing Address 1601 S ORLANDO AVE COCOA BEACH, FL 32931									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			— (09122005	Chg-P	CR2E0	34 (10/03)	05	
City & State				City & State		4	4. FEI Number Applied For Not Applied For						
Zip				Cour	ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required						
Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
BATCHELOR; MICHELLE						Street Address (P.O. Box Number is Not Acceptable)							
		,				City				FL	Zip Code	-	
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 \$550.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution.								May Be to Fees			• "-		
10.	OFFICERS AND DIRECTORS							ADDITIONS	CHANGES TO O	FFICERS AND	DIRECTORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP						I					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						I		500060737415 10/19/05-01004001 **550.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								1071	00060 9/05010i	アミア. 04002	□ Change 4 1 5 **8.7	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delate	4	I					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1		,			☐ Change	Addition 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: DIM CHEVE BACKELON 10/0/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Date Date Prope #													

MICHELLE BATCHELOR, PRESIDENT MICHELLE BATCHELOR HANDYMAN SERVICES INC. 1601 S. ORLANDO AVENUE COCOA BEACH, FL 32931 DOCUMENT NUMBER: PO4000053196

SEPTEMBER 6, 2005

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P. O. BOX 6327 TALLAHASSEE, FL 32314

ANNUAL REPORT-2005

FLORIDA PROFIT
MICHELLE BATCHELOR HANDYMAN SERVICES, INC.

PRINCIPAL ADDRESS 1601 S. ORLANDO AVE COCOA BEACH FL 32931

MAILING ADDRESS 1601 S ORLANDO AVE COCOA BEACH FL 32931

REGISTERED AGENT MICHELLE BATCHELOR 1601 S ORLANDO AVE COCOA BEACH, FL 32931

OFFICER/DIRECTOR DETAIL MICHELLE BATCHELOR 1601 S ORLANDO AVE COCOA BEACH FL 32931 TITLE: PRESIDENT

I, MICHELLE BATCHELOR AFFIRM THIS DOCUMENT TO BE TRUE AND THAT NOTHING HAS BEEN LEFT OUT AS I AM SOLELY VESTED IN THE CORPORATION,

MICHELE BATCHELOR, PRESIDENT