

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075076

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** COMPLETE CARE HANDYMAN SERVICES,INC.

**Current Principal Place of Business:**

3190 BUCCANEER ROAD  
LANTANA, FL 33462 US

**New Principal Place of Business:**

1313 CARIBBEAN WAY  
LANTANA, FL 33462 US

**Current Mailing Address:**

3190 BUCCANEER ROAD  
LANTANA, FL 33462 US

**New Mailing Address:**

1313 CARIBBEAN WAY  
LANTANA, FL 33462 US

**FEI Number:** 20-1098871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRIDER, DAVID  
3190 BUCCANEER ROAD  
LANTANA, FL 33462 US

**Name and Address of New Registered Agent:**

CRIDER, DAVID  
1313 CARIBBEAN WAY  
LANTANA, FL 33462 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: DAVID CRIDER

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRIDER, DAVID  
Address: 1313 CARIBBEAN WAY  
City-St-Zip: LANTANA, FL 33462 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID CRIDER

P

04/21/2011

Electronic Signature of Signing Officer or Director

Date