

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117744

FILED
Feb 05, 2007
Secretary of State

Entity Name: CAMPBELL'S HANDYMAN SERVICES, INC.

Current Principal Place of Business:

3689 ABBOTSFRED ST
N PORT, FL 342872919

New Principal Place of Business:

3689 ABBOTSFORD ST.
N PORT, FL 342872919

Current Mailing Address:

3689 ABBOTSFORD ST.
N PORT, FL 342872919

New Mailing Address:

FEI Number: 11-3724527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JEFFREY A
3689 ABBOTSFRED ST
N PORT, FL 342872919 US

Name and Address of New Registered Agent:

CAMPBELL, JEFFREY A
3689 ABBOTSFORD ST.
N PORT, FL 342872919 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: _____

Electronic Signature of Registered Agent

02/05/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CAMPBELL, JEFFREY A
Address: 3689 ABBOTSFRED ST
City-St-Zip: N PORT, FL 342872919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CAMPBELL, JEFFREY A
Address: 3689 ABBOTSFORD ST.
City-St-Zip: N PORT, FL 342872919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEFFREY A CAMPBELL

DP

02/05/2007

Electronic Signature of Signing Officer or Director

Date