2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 02, 2005 8:00 am **Secretary of State DOCUMENT # P04000132346** 1. Entity Name 05-03-2005 90065 044 ***150.00 JOHN'S HANDYMAN SERVICES, INC Principal Place of Business Mailing Address 3223 73RD STREET, NORTH ST. PETERSBURG FL 33710 3223 73RD STREET, NORTH ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-1643 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERINI, JOHN --Street Address (P.O. Box Number is Not Acceptable) 3223 73RD STREET, NORTH ST. PETERSBURG FL 33710 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 little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST INTE Delete TITLE Change GERINI, JOHN NAME NAME STREET ADDRESS 3223 73RD STREET, NORTH STREET ADDRESS ST. PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete IIRE ☐ Change Addition MAME NAME SIREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY:SI-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE TITLE ☐ Defete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZP ☐ Delate HILE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CHY-ST-ZIP 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 it 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. معم SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED