

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90105 012 ***150.00

DOCUMENT # P04000140404 1. Entity Name RICHARD CAMPBELL HANDYMAN, INC.			
Principal Place of Business 965 SOUTHWEST 42ND AVE. PLANTATION, FL 33317		Mailing Address 965 SOUTHWEST 42ND AVE. PLANTATION, FL 33317	
2. Principal Place of Business 1140 NW 70 TERRACE Suite, Apt. #, etc.		3. Mailing Address 1140 NW 70 TERRACE Suite, Apt. #, etc.	
City & State PLANTATION, FL Zip 33313 Country		City & State PLANTATION, FL Zip 33313 Country	
4. FEI Number 73-1720929		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CAMPBELL, RICHARD 965 SOUTHWEST 42ND AVE. PLANTATION, FL 33317		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1140 NW 70 TERRACE City PLANTATION FL Zip Code 33313	
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: <i>Richard J Campbell</i> RICHARD CAMPBELL 4/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <i>Carol Campbell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		CAROL CAMPBELL 4/12/05 954-331-6173 SECRETARY/TREASURER <small>Daytime Phone #</small>	