

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000140404

1. Entity Name
RICHARD CAMPBELL HANDYMAN, INC.



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

04-14-2005 90105 012 ***150.00

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

City & State

PLANTATION, FL

Zip

33313

Country

33313

Country

4. FEI Number

73-17209-29

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

Richard J. Campbell

Signature, typed or printed name of registered agent and title if applicable

RICHARD CAMPBELL 4/12/05

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: \$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
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carol Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CAROL CAMPBELL 4/12/05 954-391-6173
SECRETARY/Treasurer*

Daytime Phone #