

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90046 016 ***150.00

DOCUMENT # P04000140473			
1. Entity Name R & L HANDYMAN SERVICES, INC.			
Principal Place of Business 1611 TRAVIS STREET, SE PALM BAY, FL 32909		Mailing Address 1611 TRAVIS STREET, SE PALM BAY, FL 32909	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Number 16-1708798		5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, RAYMOND C 1611 TRAVIS STREET, SE PALM BAY, FL 32909		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. This notice certifies that I am the owner of the corporation or the owner of the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.			
SIGNATURE			
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice			
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete MARTIN, RAYMOND C 1611 TRAVIS STREET, SE PALM BAY, FL 32909	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(b)(1), Florida Statutes. I further certify that the information furnished on this report of 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 registered agent, and I am aware of the consequences of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an addres, with signature and date.			
SIGNATURE <i>Raymond Martin</i>		Date <i>7/13/05</i>	
PRINT NAME AND TITLE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date	

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06302008 Chg-P 07/18/2005 (10/08)

6. Filing Number **16-1708798** Apply For Not Applicable8. Certificate of Status Desired ☐ \$0.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code