

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173356

FILED
Apr 13, 2005
Secretary of State

Entity Name: NORTHDALE HANDYMAN SERVICES, INC.

Current Principal Place of Business:

4629 LANDSCAPE DR
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 342763
TAMPA, FL 336942763 US

New Mailing Address:

FEI Number: 20-2072488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUANE, MARY E
4629 LANDSCAPE DR.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARYOL, ALFREDO
Address: P.O. BOX 273016
City-St-Zip: TAMPA, FL 336883016 US

Title: VP () Delete
Name: RUANE, ANTHONY G
Address: 4629 LANDSCAPE DR.
City-St-Zip: TAMPA, FL 33624 US

Title: T () Delete
Name: RUANE, MARY E
Address: 4629 LANDSCAPE DR.
City-St-Zip: TAMPA, FL 33624 US

Title: S () Delete
Name: BARYOL, ZERELDA F
Address: P.O. BOX 273016
City-St-Zip: TAMPA, FL 336883016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALFREDO BARYOL

P

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date