2007 FOR PROFIT CORPORATION 🐾 ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000009777

1. Entity Name

LOU'S HANDYMAN SERVICES, INC.



Principal Place of Business

P.O. BOX 422593

KISSIMMEE, FL 34742 US

Mailing Address

P.O. BOX 422593 KISSIMMEE, FL 34742

US

FILED Feb 23, 2007 08:00 AM **Secretary of State**



02202007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2188738

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| | | Address o | Registe | red Agent |
|---|------|-----------|---------|-----------|
| ~ | | | | |

RODRIGUEZ, LOUIS 337 AYLESBURY CT KISSIMMEE, FL 34758

DO NOT WRITE IN THIS SPACE

| | • | | | | | | | | | | |
|---|--|---|-------|--------------------------------|---|--|--|--|--|--|--|
| 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 crinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| | E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | | | | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P, D RODRIGUEZ, LOUIS P.O. BOX 422593 KISSIMMEE, FL 34742 | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | | | 000000646108 03/06/07-80017-021 158.75 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | | | | | |
| TITLE NAME STREET ADDRESS CITY-S1-ZiP | | | | IN T | THIS SPACE | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS | | | | | | | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.