


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90143 035 ***150.00

DOCUMENT # P05000046343					
1. Entity Name BOB & JOHN'S HANDYMAN SERVICES, INC.					
Principal Place of Business 3420 BLOWING OAK STREET VALRICO, FL 33594			Mailing Address P.O. BOX 6943 BRANDON, FL 33508		
2. Principal Place of Business 944 RIDGE HAVEN DR		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BRANDON, FL		City & State		4. FEI Number 20-2584016	
Zip 33511		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERG, JOHN O JR 3420 BLOWING OAK STREET VALRICO, FL 33594			7. Name and Address of New Registered Agent Name: ROBERT W. PETERSON Street Address (P.O. Box Number is Not Acceptable): 944 RIDGE HAVEN DR City: BRANDON FL Zip Code: 33511		
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: <u>Robert W. Peterson</u> ROBERT W. PETERSON DATE: 7-10-06 <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 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME PETERSON, ROBERT W STREET ADDRESS 944 RIDGE HAVEN DRIVE CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE P, T NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME PETERSON, JANET E STREET ADDRESS 944 RIDGE HAVEN DRIVE CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE VP, S NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BERG, JOHN O JR STREET ADDRESS 3420 BLOWING OAK STREET CITY-ST-ZIP VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BERG, SHELIA D STREET ADDRESS 3420 BLOWING OAK STREET CITY-ST-ZIP VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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 type="checkbox"/> Addition	
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 any address, with all other like empowered.					
SIGNATURE: <u>Robert W. Peterson</u> ROBERT W. PETERSON 7/10/06			813-245-2088		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		