

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096320

FILED
Apr 09, 2008
Secretary of State

Entity Name: 1ST PRIORITY HANDYMAN SERVICES INC.

Current Principal Place of Business:

8809 CHARLIE WALKER DR.
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

8809 CHARLIE WALKER DR.
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 20-3539311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDOWELL, JEREMY D
11605 AUTUMN GARDENS CT
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

MCDOWELL, JEREMY D
8809 CHARLIE WALKER DR
ODESSA, FL 33556 US

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: JEREMY MCDOWELL

04/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCDOWELL, JEREMY D
Address: 11605 AUTUMN GARDENS CT
City-St-Zip: TAMPA, FL 33635 US

Title: VP () Delete
Name: MCDOWELL, FELISHA M
Address: 11605 AUTUMN GARDENS CT
City-St-Zip: TAMPA, FL 33635 US

Title: OFF (X) Delete
Name: MCDOWELL, WALTER
Address: 65 CHESTNUT DR
City-St-Zip: ELKTON, MD 21921

Title: OFF () Delete
Name: MCDOWELL, LUKE
Address: 65 CHESTNUT DR
City-St-Zip: ELKTON, MD 21921

Title: OFF (X) Delete
Name: MCDOWELL, CINDY
Address: 65 CHESTNUT DR
City-St-Zip: ELKTON, MD 21921

Title: OFF (X) Delete
Name: MCDOWELL, AARON
Address: 65 CHESTNUT DR
City-St-Zip: ELKTON, MD 21921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCDOWELL, JEREMY D
Address: 8809 CHARLIE WALKER DR
City-St-Zip: ODESSA, FL 33556 US

Title: VP (X) Change () Addition
Name: MCDOWELL, FELISHA M
Address: 8809 CHARLIE WALKER DR
City-St-Zip: ODESSA, FL 33556 US

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 exemption stated 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 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: FELISHA MCDOWELL

VP

04/09/2008

Electronic Signature of Signing Officer or Director

Date