

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000096320

**FILED**  
**Apr 26, 2011**  
**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:**

8801 CHARLIE WALKER DR.  
ODESSA, FL 33556 US

**Current Mailing Address:**

8809 CHARLIE WALKER DR.  
ODESSA, FL 33556 US

**New Mailing Address:**

8801 CHARLIE WALKER DR.  
ODESSA, FL 33556 US

**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  
8809 CHARLIE WALKER DR  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

MCDOWELL, JEREMY D  
8801 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:

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCDOWELL, FELISHA M  
Address: 8801 CHARLIE WALKER DR  
City-St-Zip: ODESSA, FL 33556 US

Title: VP  
Name: MCDOWELL, JEREMY D  
Address: 8801 CHARLIE WALKER DR  
City-St-Zip: ODESSA, FL 33556 US

I hereby 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 all other like empowered.

SIGNATURE: FELISHA MCDOWELL

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date