2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2007 08:00 AM DOCUMENT # P05000098378 **Secretary of State** AGAPE HANDYMAN SERVICES, INC. Principal Place of Business Mailing Address 2048 PARKTON DRIVE 2048 PARKTON DRIVE DELTONA, FL 32725 DELTONA, FL 32725 No Chg-P CR2E034 (11/05) 03202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3143535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANCHEZ, JUAN R DO NOT WRITE 2048 PARKTON DRIVE DELTONA, FL 32725 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 Fiorida. I am familiar with, and accept the obligations of registered agent. U00000877891 SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) <u> 03/30/07–80iŶĴ-011 150 00</u> 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SANCHEZ, JUAN R NAME 2048 PARKTON DRIVE STREET ADDRESS CITY-ST-7IP DELTONA, FL 32725 TITI F SANCHEZ, ROSA M NAME STREET ADDRESS 2048 PARKTON DRIVE CITY-ST-7IP DELTONA, FL 32725 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-7IP TITLE

.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

SIGNATURE:

NAME STREET ADDRESS

Man C. Darch
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

3-22-07

Daytime Phone #

FILED