2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P05000138507 1. Entity Name BREVARD HANDYMAN SERVICES INC.					_	04-30-2007	90412 0	21 ***15	60.00
Principal Place of Business		Mailing Address			1 ·				
7075 PLUTO AVE COCOA, FL 32927		7075 PLUTO AVE COCOA, FL 32927		1 16 2 11 2 1 11 2 2	ili siin seni sele sen		O1 8((41 02)(£ (89	EITOI II ITEI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #. etc		04042007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State		4, FEI Number 20-3620	792		No	oplied For of Applicable	
Zip Country		Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	egistered A	\gent	
LOZANO.	RAFAFI J			Name					
7075 PLU COCOA, F	TO AVBE.		Street Address		(P.O. Box Number	is Not Acceptable	9)		
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			City			FL	Zip Cod		
	named entity submits this statement tions of registered agent.	for the purpose of changing it	s registere	ad office or registe	ered agent, or both,	, in the State of Flo	orida. Tam t	amiliar with,	and accept
SIGNATURE	Signature, typed or purified name of registered ager	nt and titte if applicable (NO	TE Resistere	d Agent signature require	ed when reinstating)		DATE		
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FIL After M	E NOW!!!; FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cor		•	5.00 May Be ided to Fees				
After Ma	ay 1, 2007 Fee will be \$550 OFFICERS AND	D DIRECTORS	tribution	Ad	lded to Fees	HANGES TO OFF	ICERS AND		
After M	ay 1, 2007 Fee will be \$550	.00 Trust Fund Cor	tribution	Ād	lded to Fees	HANGES TO OFF	ICERS AND	DIRECTOR Change	S IN 11
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of the corporation or the receive or further empowered to execute and are my signature sharmave the same regardened as in made under dain, that it am an onicer or director of the corporation or the receive or further 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 and all officials of the powered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytina Phone #