## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000139357

Entity Name: ISLANDERS HANDYMAN SERVICES INCORPORATED

**FILED** Apr 30, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

728 SHERWOOD TERRACE DR 54 E. 18TH ST #207 APOPKA, FL 32703

ORLANDO, FL 32818

**New Mailing Address: Current Mailing Address:** 

54 E. 18TH ST 728 SHERWOOD TERRACE DR #207 APOPKA, FL 32703

ORLANDO, FL 32818

FEI Number: 20-3652964 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LINDQUIST, NATASHA D LINDQUIST, NATASHA D 728 SHERWOOD TERRACE DR 54 E. 18TH ST #207 APOPKA, FL 32703 US

ORLANDO, FL 32818 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: 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

CFO ( ) Delete Title: CFO (X) Change ( ) Addition

Title: LINDQUIST, ECEDRO E LINDQUIST, ECEDRO E Name: Name: 728 SHERWOOD TERRACE DR #207 54 E. 18TH ST Address: Address:

City-St-Zip: ORLANDO, FL 32818 City-St-Zip: APOPKA, FL 32703

Title: Title: CFO (X) Change ( ) Addition () Delete Name:

Name: LINDQUIST, NATASHA D LINDQUIST, NATASHA D 728 SHERWOOD TERRACE DR #207 Address: 54 E. 18TH ST Address: City-St-Zip: ORLANDO, FL 32818 APOPKA, FL 32703 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: NATASHA D LINDQUIST **CFO** 04/30/2007