

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002374

FILED  
Sep 01, 2008  
Secretary of State

**Entity Name:** HANDIPRO MAINTENANCE & HOME IMPROVEMENT, INC.

**Current Principal Place of Business:**

606 PARK AVENUE  
#401  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

1867 KILLARN CIRCLE  
MIDDLEBURG, FL 32068 US

**Current Mailing Address:**

606 PARK AVENUE  
#401  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

1867 KILLARN CIRCLE  
MIDDLEBURG, FL 32068 US

**FEI Number:** 20-4064197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, JAMES  
606 PARK AVENUE  
#401  
ORANGE PARK, FL 32073 US

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

WILLIAMS, JAMES  
1867 KILLARN CIRCLE  
MIDDLEBURG, FL 32068 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:

09/01/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, JAMES  
Address: 606 PARK AVENUE #401  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: VP ( ) Delete  
Name: WILLIAMS, TABITHA  
Address: 606 PARK AVENUE #401  
City-St-Zip: ORANGE PARK, FL 32073 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, JAMES  
Address: 1867 KILLARN CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32968 US

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, TABITHA  
Address: 1867 KILLARN CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068 US

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: JAMES WILLIAMS

PD

09/01/2008

Electronic Signature of Signing Officer or Director

Date