

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 19 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09062007 Chg-P CR2E034 (12/06)

DOCUMENT # P0600009803
 1. Entity Name
 RICHARD THERIEN HANDYMAN SERVICES, INC.



Principal Place of Business: 249 15TH STREET, HOLLY HILL, FL 32117
 Mailing Address: 249 15TH STREET, HOLLY HILL, FL 32117

2. Principal Place of Business - No P.O. Box #: 1360 Ocean Shore Blvd. Suite, Apt. #, etc. #6
 3. Mailing Address: 1360 Ocean Shore Blvd. Suite, Apt. #, etc. #6

City & State: Ormond Beach, FL
 Zip: 32176 Country: USA

4. FEI Number: Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THERIEN, RICHARD J JR
 249 15TH STREET
 HOLLY HILL, FL 32117

7. Name and Address of New Registered Agent
 Name: Therien, Richard J. Jr.
 Street Address (P.O. Box Number is Not Acceptable): 1360 Ocean Shore Blvd. #6
 City: Ormond Beach FL Zip Code: 32176

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 Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: [Signature] DATE: 9/11/07

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: D	Delete <input type="checkbox"/>
NAME: THERIEN, RICHARD J JR	
STREET ADDRESS: 249 15TH STREET	
CITY-ST-ZIP: HOLLY HILL, FL 32117	
TITLE:	Delete <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	Delete <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	Delete <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	Delete <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: Therien, Richard J. Jr.	
STREET ADDRESS: 1360 Ocean Shore Blvd #6	
CITY-ST-ZIP: Ormond Beach, FL 32176	
TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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

SIGNATURE: [Signature] DATE: 9/11/07 DAYTIME PHONE #

9/21/07