

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 26, 2008 8:00 am**  
**Secretary of State**

08-26-2008 90001 026 \*\*\*158.75

**DOCUMENT # P06000022325**

**1. Entity Name**  
**ADRIAN VALENTIN'S HANDYMAN SERVICE INC.**



**Principal Place of Business**  
**2896 WAREHAM COURT**  
**CASSELBERRY, FL 32707 US**

**Mailing Address**  
**2896 WAREHAM COURT**  
**CASSELBERRY, FL 32707 US**

**DO NOT WRITE IN THIS SPACE**



07092008 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**06-1767905**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**VALENTIN, ADRIAN C**  
**2896 WAREHAM COURT**  
**CASSELBERRY, FL 32707**

**DO NOT WRITE  
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 Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Adrian Valentin*  
Signature, typed or printed name of registered agent and title if applicable.

*Adrian Valentin*  
(NOTE: Registered Agent signature required when re-registering)

*8/5/08*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

**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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PRES**  
**VALENTIN, ADRIAN C**  
**2896 WAREHAM COURT**  
**CASSELBERRY, FL 32707**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**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:**

*Adrian Valentin Pres. Adrian Valentin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/5/08*  
Date

*407-4484022*  
Daytime Phone #