

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90049 048 \*\*\*158.75

DOCUMENT # P06000026945

1. Entity Name

1,2,3 HANDYMAN SERVICES, INC.



Principal Place of Business

3350 SHAUNA OAKS DRIVE  
JACKSONVILLE FL 32277  
US

Mailing Address

3350 SHAUNA OAKS DRIVE  
JACKSONVILLE FL 32277  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-4363218

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MARK  
3350 SHAUNA OAKS DRIVE  
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name: Mark Williams

Street Address (P.O. Box Number is Not Acceptable)  
3350 Shauna Oaks Drive

City Jacksonville

FL

Zip Code 32277

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

*Mark Williams*

Signature, typed or printed name of registered agent and title (if applicable)

Mark Williams - President

(NOTE: Registered Agent signature required when reissuing)

3-2-07

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
WILLIAMS, MARK  
3350 SHAUNA OAKS DRIVE  
JACKSONVILLE FL 32277 ☐ Delete

TITLE  
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CITY - ST - ZIP  
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WILLIAMS, MARK  
3350 SHAUNA OAKS DRIVE  
JACKSONVILLE FL 32277 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Mark Williams*

Mark Williams

3-2-07

904-718-8226