

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116747

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: TDB HANDYMAN SERVICE CORP

## Current Principal Place of Business:

1941 LAZY OAKS LOOP  
SAINT CLOUD, FL 34771 US

## New Principal Place of Business:

3548 DAWN AVE  
KISSIMMEE, FL 34744 US

## Current Mailing Address:

1941 LAZY OAKS LOOP  
SAINT CLOUD, FL 34771 US

## New Mailing Address:

3548 DAWN AVE  
KISSIMMEE, FL 34744 US

FEI Number: 56-2609343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE BRAGA, ANTONIO M  
1941 LAZY OAKS LOOP  
SAINT CLOUD, FL 34771 US

## Name and Address of New Registered Agent:

DE BRAGA, ANTONIO M  
3548 DAWN AVE  
KISSIMMEE, FL 34744 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DE BRAGA, ANTONIO M  
Address: 1941 LAZY OAKS LOOP  
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: VP ( ) Delete  
Name: DE BRAGA, ANTONIO M  
Address: 1941 LAZY OAKS LOOP  
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DE BRAGA, ANTONIO M  
Address: 3548 DAWN AVE  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP (X) Change ( ) Addition  
Name: DE BRAGA, ANTONIO M  
Address: 3548 DAWN AVE  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MGR ( ) Change (X) Addition  
Name: ORTIZ, CHARLENE  
Address: 3548 DAWN AVE  
City-St-Zip: KISSIMMEE, FL 34744 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: ANTONIO DE BRAGA

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date