2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000040107

Name:

Address:

City-St-Zip:

MAISONET, SCHAEL O JR

3114 NEIL ROAD

APOPKA, FL 32703

Entity Name: PRP HANDYMAN SERVICES, INC.

FILED Apr 27, 2009 Secretary of State

•		,			
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
3114 NEIL APOPKA,					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3114 NEIL APOPKA,					
FEI Number	: 32-0199234	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	named entity e of Florida.	US submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (MAISONET, JA 3114 NEIL RO APOPKA, FL	AD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (MAISONET, E 3114 NEIL RO APOPKA, FL	AD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAIME MAISONET P 04/27/2009