## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000044150

FILED Apr 13, 2008 Secretary of State

Entity Name: ALL AMERICAN HANDYMAN SERVICE OF SEMINOLE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

335 STREAMVIEW WAY WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

335 STREAMVIEW WAY
2331 PINE OAK TRAIL
WINTER SPRINGS, FL 32708
SANFORD, FL 32773

FEI Number: 20-8839094 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEDINA, ROBERT
335 STREAMVIEW WAY
2331 PINE OAK TRAIL
WINTER SPRINGS, FL 32708 US
SANFORD, FL 32773 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: 04/13/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MEDINA, ROBERT
 Name:
 MEDINA, ROBERT

 Address:
 335 STREAMVIEW WAY
 Address:
 2331 PINE OAK TRAIL

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 SANFORD, FL 32773

Title: V () Delete Title: V (X) Change () Addition

 Name:
 MEDINA, DOLÓRES
 Name:
 MEDINA, DOLÓRES

 Address:
 335 STREAMVIEW WAY
 Address:
 2331 PINE OAK TRAIL

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 SANFORD, FL 32773

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: DOLORES MEDINA VP 04/13/2008