

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024468

FILED
Mar 03, 2004
Secretary of State

Entity Name: HANDYMAN HOME REPAIR SERVICE OF TAMPA, INC.

Current Principal Place of Business:

5448 JETVIEW DR
TAMPA, FL 33614 US

New Principal Place of Business:

11327 43RD ST N
CLEARWATER, FL 34684 US

Current Mailing Address:

11327 43RD ST N.
CLEARWATER, FL 34684

New Mailing Address:

FEI Number: 59-3307839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISALVATORE, ANGELO .
11327 43RD ST N.
CLEARWATER, FL 34622 US

Name and Address of New Registered Agent:

ALLBRITTEN, JAMES K .
11327 43RD ST N.
CLEARWATER, FL 34622 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: JAMES K ALLBRITTEN

03/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALVATORE, ANGELO
Address: 11327 43RD ST N.
City-St-Zip: CLEARWATER, FL

Title: VP () Delete
Name: MARCIANO, FRANKLIN A
Address: 11327 43RD ST N
City-St-Zip: CLEARWATER, FL

Title: T () Delete
Name: FABRIZI, RICHARD J SR
Address: 870 PINELLAS BAYWAY
City-St-Zip: TIERRA VERDE, FL

Title: S () Delete
Name: ALLBRITTEN, JAMES K
Address: 11327 43RD CT N
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DISALVATORE, JOSEPH P
Address: 11327 43RD ST N.
City-St-Zip: CLEARWATER, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ALLBRITTEN, JAMES K
Address: 11327 43RD ST N
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES K ALLBRITTEN

S

03/03/2004

Electronic Signature of Signing Officer or Director

Date