

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90019 035 \*\*\*150.00

<b>DOCUMENT # P96000071198</b>	
1. Entity Name <b>CRAFTSMAN HANDYMAN &amp; SONS, INC.</b>	



Principal Place of Business <b>3012 NW 122 AVE SUNRISE, FL 33323 US</b>	Mailing Address <b>3012 NW 122 AVE SUNRISE, FL 33323 US</b>
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**14000366**



2. Principal Place of Business <b>9460 GRANITE</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>RIDGE BLANE</b>	Suite, Apt. #, etc.
City & State <b>W. PALM BEACH, FL</b>	City & State
Zip <b>33411</b>	Country

03062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0690333</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PATINO, ROLAND 3012 NW 122 AVE SUNRISE, FL 33323</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9460 GRANITE RIDGE BLANE</b> City <b>W. PALM BEACH</b> <b>FL</b> Zip <b>33411</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PATINO, ROLAND 3012 NORTHWEST 122 AVENUE SUNRISE, FL 33323</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9460 GRANITE RIDGE BLANE W. PALM BEACH, FL 33411</b>
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** X ROLAND PATINO 3/10/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #