

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000003492

1. Entity Name
R & J HANDYMAN SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 18 AM 8:39

Principal Place of Business
6745 S.W. OLD WIRE RD.
FT. WHITE, FL 32038

Mailing Address
6745 S.W. OLD WIRE RD.
FT. WHITE, FL 32038

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



08012005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0722518

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, ROY D
6745 SW OLD WIRE RD.
FT WHITE, FL 32038

7. Name and Address of New Registered Agent

Name
Jesse A. WARD

Street Address (P.O. Box Number is Not Acceptable)

6745 SW Old Wire Rd

City
FORT WHITE

FL Zip Code
32038

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 _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8-6-06

Amended AR is \$83.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME WARD, ROY D
STREET ADDRESS 6745 SW OLD WIRE RD
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE D ☐ Delete
NAME WARD, JESSE A
STREET ADDRESS 6745 SW OLD WIRE RD
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE V ☐ Delete
NAME PENTOLINO, RAY
STREET ADDRESS 6745 SW OLD WIRE RD
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-6-05 (386)937-6186