

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90027 045 ***150.00

DOCUMENT # P97000035034

1. Entity Name

MR. HANDYMAN SERVICE, INC.



Principal Place of Business

404 S. 16TH STREET
FERNANDINA BEACH FL 32034

Mailing Address

PO BOX 1507
FERNANDINA BCH FL 32035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3441400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOBBY, KIRBY C
404 S. 16 STREET
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

7/15/05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HOBBY, KIRBY C
404 S. 16TH STREET
FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04

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

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

TITLE
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☐ Change ☐ Addition

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] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/05
Date

904-321-0405
Daytime Phone #

ATTACHMENT



50056556
#P9700003503A

SERVICES INC.

P. O. BOX 1507
FERNANDINA BEACH, FLORIDA 32034
904-321-0405


July 15, 2005

To Whom It May Concern:

As per discussion with your associate, I have enclosed the application and a check for \$150.00.

I was sent another application from the Department of Corporations requesting a check for the continuation of my Company Corporation. I was not notified of any indifference until I received the discontinuation notice telling me I had to respond immediately. I called to find that I may have been scammed. If this is true please let me know, so I can file the necessary papers to stop this from happening again. Being a small business owner, I try to do my best to comply with all rules and regulations regarding my Company.

Thank you,


Kirby C. Hobby