

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000058457	
1. Entity Name LENNART'S HANDYMAN SERVICE, INC.	

Principal Place of Business 6261 MCKOWN ROAD SARASOTA, FL 34240	Mailing Address 6261 MCKOWN ROAD SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0842418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IRENHEIM, LISELOTTE M
6261 MCKOWN ROAD
SARASOTA, FL 34240

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000810631
 02/08/08-80072-010-150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRENHEIM, LENNART 6261 MCKOWN ROAD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRENHEIM, LISELOTTE M 6261 MCKOWN ROAD SARASOTA, FL 34240
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Liselotte M. Irenheim **Liselotte M. Irenheim** **1129/08** **941-378-4257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #