


2008 NON-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # V04136		
1. Entity Name TRUSTED HAND SERVICE, INC.		
Principal Place of Business	Mailing Address	
1010 N. DAVIS STREET SUITE #201 JACKSONVILLE, FL 32209 US	1010 N. DAVIS STREET SUITE #201 JACKSONVILLE, FL 32209 US	

DO NOT WRITE IN THIS SPACE

02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3101475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MOON, KATY 1010 N. DAVIS STREET SUITE #201 JACKSONVILLE, FL 32209

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MOON, KATY 1010 N. DAVIS STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOON, YUNG 1010 N. DAVIS STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000840185
03/06/08-80039-007 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katy Moon 2-13-2008 904-232-6300

Date

Daytime Phone #