


2008 FOR-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 1010 N. DAVIS STREET
 SUITE #201 SUITE #201
 JACKSONVILLE, FL 32209 US JACKSONVILLE, FL 32209 US

DO NOT WRITE IN THIS SPACE



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3101475	Applied For 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

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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 _____

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

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 STEET JACKSONVILLE, FL 32209
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 03/06/08-80039-007 158.75

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #