

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04136

FILED
Jan 17, 2012
Secretary of State

Entity Name: TRUSTED HAND SERVICE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3101475 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOON, KATY
1010 N. DAVIS STREET
SUITE #201
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: MOON, KATY
Address: 1010 N. DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD
Name: MOON, YUNG
Address: 1010 N. DAVIS STEET
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATY MOON

PRES

01/17/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date