

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024472

Entity Name: HANDYMAN HOME REPAIR SERVICE OF PINELLAS, INC.**Current Principal Place of Business:**11327-43 STREET NORTH
CLEARWATER, FL 34622**Current Mailing Address:**11327-43 STREET NORTH
CLEARWATER, FL 34622 US**FEI Number:** 59-3307835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLBRITTEN, JAMES K
11327-43 STREET NORTH
CLEARWATER, FL 34622 US*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**Officer/Director Detail :**

Title	P
Name	ALLBRITTEN, JAMES K
Address	11327 43RD ST N
City-State-Zip:	CLEARWATER FL 33762

Title	T
Name	ALLBRITTEN, JAMES K
Address	11327 - 43RD STREET N.
City-State-Zip:	CLEARWATER FL 33762

Title	S
Name	ALLBRITTEN, JAMES K
Address	11327 43RD ST N
City-State-Zip:	CLEARWATER FL 33762

Title	V
Name	DISALVATORE, JOSEPH P
Address	11327 43RD ST N
City-State-Zip:	CLEARWATER FL 33762

Title	DIRECTOR
Name	GOLDBERG, LAURA A
Address	11281 43RD STREET NORTH
City-State-Zip:	CLEARWATER FL 33762

Title	DIRECTOR
Name	ALLBRITTEN, SHERYL A
Address	3850 TALAH DR
City-State-Zip:	PALM HARBOR FL 34684

Title	DIRECTOR
Name	FABRIZI, RICHARD J JR.
Address	11281 43RD STREET NORTH
City-State-Zip:	CLEARWATER FL 33762

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: JAMES K ALLBRITTEN**P****02/03/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date