

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State



DOCUMENT # K18678				1. Entity Name		INSURANCE HANDYMAN, INC.	
Principal Place of Business				Mailing Address			
316 WEST PALM DRIVE 3 FLORIDA CITY FL 33034 US				372 S W 4TH STREET 372 SW 4TH ST FLORIDA CITY FL 33034 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				65-0049907		Applied For Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KEARSON, FLOYD BREEDLOVE 372 SW 4TH ST FLORIDA CITY FL 33034				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<p>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</p> <p>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____</p>							
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>				<p>9. Election Campaign Financing \$5.00 May B. Trust Fund Contribution. <input type="checkbox"/> Added to Fees</p>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	U00000406131	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	KEARSON, FLOYD B.			NAME	02/07/06-80076-012 150.00		
STREET ADDRESS	372 SW 4TH ST			STREET ADDRESS			
CITY-ST-ZIP	FLORIDA CITY FL			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	KEARSON, SONI R.			NAME			
STREET ADDRESS	372 S.W. 4TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FLORIDA CITY FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Soni Kearson* **SONI KEARSON** *1/25/06* **305-243-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #