


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # K18678</b> 1. Entity Name <b>INSURANCE HANDYMAN, INC.</b>	
---	---

Principal Place of Business <b>316 WEST PALM DRIVE</b> <b>3</b> <b>FLORIDA CITY FL 33034</b> <b>US</b>	Mailing Address <b>372 S W 4TH STREET</b> <b>372 SW 4TH ST</b> <b>FLORIDA CITY FL 33034</b> <b>US</b>
--	---



2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt #, etc.
--	--

1st MOORE      CR2E034 (10/07)

City & State  City & State	4. FEI Number      Applied For <b>65-0049907</b> <input type="checkbox"/> Not Applicable
----------------------------------	---

Zip  Country	Zip  Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
--------------------	--------------------	---

6. Name and Address of Current Registered Agent  <b>KEARSON, FLOYD BREEDLOVE</b> <b>372 SW 4TH ST</b> <b>FLORIDA CITY FL 33034</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
--	--

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      IF OFFER: Registered Agent signature required when not applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	PD <b>KEARSON, FLOYD B.</b> <input type="checkbox"/> Delete <b>372 SW 4TH ST</b> <b>FLORIDA CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <b>KEARSON, SONI R.</b> <input type="checkbox"/> Delete <b>372 S.W. 4TH STREET</b> <b>FLORIDA CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*      **V. PRESIDENT**      **1-22-08**      **305 242-8900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      District Phone #