

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K18678

**FILED
Jan 12, 2009
Secretary of State**

Entity Name: INSURANCE HANDYMAN, INC.

Current Principal Place of Business:

316 WEST PALM DRIVE
3
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

372 S W 4TH STREET
372 SW 4TH ST
FLORIDA CITY, FL 33034 US

New Mailing Address:

FEI Number: 65-0049907 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KEARSON, FLOYD BREEDLOVE
372 SW 4TH ST
FLORIDA CITY, FL 33034 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEARSON, FLOYD B.,
Address: 372 SW 4TH ST
City-St-Zip: FLORIDA CITY, FL

Title: VS () Delete
Name: KEARSON, SONI R.,
Address: 372 S.W. 4TH STREET
City-St-Zip: FLORIDA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FLOYD BREEDLOVE KEARSON

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date