

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K18678

**Entity Name:** INSURANCE HANDYMAN, INC.

**Current Principal Place of Business:**

316 WEST PALM DRIVE  
3  
FLORIDA CITY, FL 33034

**FILED**  
**Feb 02, 2016**  
**Secretary of State**  
**CC6214464966**

**Current Mailing Address:**

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

**FEI Number:** 65-0049907

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KEARSON, FLOYD BREEDLOVE  
372 SW 4TH ST  
FLORIDA CITY, FL 33034 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	PD	Title	VS
Name	KEARSON, FLOYD B.	Name	KEARSON, SONI R.
Address	372 SW 4TH ST	Address	372 S.W. 4TH STREET
City-State-Zip:	FLORIDA CITY FL	City-State-Zip:	FLORIDA CITY FL

*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:** KEARSON, FLOYD B.

**PD**

**02/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date