

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121930

FILED
May 13, 2009
Secretary of State

Entity Name: HOME SERVICE LIFE INSURANCE AGENCY INC.

Current Principal Place of Business:

123 NORTH KENTUCKY AVE
SUITE 224
LAKELAND, FL 33801

New Principal Place of Business:

206 EASTON DR
SUITE 3
LAKELAND, FL 33803

Current Mailing Address:

PO BOX 90403
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 20-5665076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JORDEN, DALE L
207 CONNIE LEE COURT
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

SHIPLEY, CHRISTOPHER P
821 NORTH NOKOMIS AVE
LAKELAND, FL 33815 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: CHRISTOPHER P SHIPLEY

05/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JORDEN, DALE L
Address: 207 CONNIE LEE COURT
City-St-Zip: LAKELAND, FL 33801

Title: AGNT () Delete
Name: SHIPLEY, CHRISTOPHER P AGENT
Address: PO BOX 90403
City-St-Zip: LAKELAND, FL 33804

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: JORDEN, DALE L
Address: 207 CONNIE LEE COURT
City-St-Zip: LAKELAND, FL 33801

Title: AGNT (X) Change () Addition
Name: SHIPLEY, CHRISTOPHER P AGENT
Address: 821 NORTH NOKOMIS AVE
City-St-Zip: LAKELAND, FL 33815

Title: P () Change (X) Addition
Name: ARTEAGA, ADOLFO
Address: 515 WEST EASY STREET
City-St-Zip: BARTOW, FL 33830

Title: T () Change (X) Addition
Name: STARR, HEATHER L
Address: 311 BOGER BLVD SOUTH
City-St-Zip: LAKELAND, FL 33813

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: ADOLFO ARTEAGA

P

05/13/2009

Electronic Signature of Signing Officer or Director

Date