## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000121930

FILED Sep 16, 2009 Secretary of State

Entity Name: HOME SERVICE LIFE INSURANCE AGENCY INC.

Current Principal Place of Business:		New Principal P	New Principal Place of Business:	
206 EAST	ON DR		206 EASTON DR	
SUITE 3 LAKELANI	D, FL 33803		SUITE 103 LAKELAND, FL 3	33803
Current Mailing Address:			New Mailing Address:	
РО ВОХ 9				
LAKELANI	D, FL 33804			
FEI Number:	: 20-5665076	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and Addre	ess of New Registered Agent:
821 NORT	CHRISTOPHE TH NOKOMIS A D, FL 33815			
The above	named entity e of Florida.	submits this statement for the p	urpose of changing its regis	stered office or registered agent, or both,
in the State		nic Signature of Registered Age	ent	Date
in the State		nic Signature of Registered Age	ent	Date
in the State				Date ANGES TO OFFICERS AND DIRECTOR
in the State SIGNATUF  OFFICERS  Title: Name: Address:	Electron	TORS: ) Delete E L EE COURT		
in the State	Electron  S AND DIREC  VP (X  JORDEN, DALI 207 CONNIE L  LAKELAND, FL  AGNT (	TORS:  ) Delete E L EE COURT . 33801  ) Delete ISTOPHER P AGENT DKOMIS AVE	ADDITIONS/CHA Title: Name: Address:	ANGES TO OFFICERS AND DIRECTOR
officers  Officers  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Electron  S AND DIREC  VP (X JORDEN, DALI 207 CONNIE LI LAKELAND, FL  AGNT ( SHIPLEY, CHR 821 NORTH NO LAKELAND, FL	TORS:  ) Delete E L EE COURT . 33801  ) Delete ISTOPHER P AGENT DKOMIS AVE . 33815  ) Delete DLFO SY STREET	ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: Name: Address:	ANGES TO OFFICERS AND DIRECTOR

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: CHRISTOPHER P SHIPLEY AGNT 09/16/2009