

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 16, 2009  
Secretary of State**

DOCUMENT# P06000121930

Entity Name: HOME SERVICE LIFE INSURANCE AGENCY INC.

**Current Principal Place of Business:**

206 EASTON DR  
SUITE 3  
LAKELAND, FL 33803

**New Principal Place of Business:**

206 EASTON DR  
SUITE 103  
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 ( )

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

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

**OFFICERS AND DIRECTORS:**

Title: VP (X) 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: 821 NORTH NOKOMIS AVE  
City-St-Zip: LAKELAND, FL 33815

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CHRISTOPHER P SHIPLEY

AGNT

09/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date