


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000067849 1. Entity Name INSURANCE MANAGEMENT CORPORATION	
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Principal Place of Business 1634 SE 47TH STREET #10 CAPE CORAL, FL 33904 US	Mailing Address POST OFFICE BOX 100478 CAPE CORAL, FL 33910
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0774624	Applied For Not Applicable
5. Certificate of Stat s Desired <input type="checkbox"/>	\$8.75 Additional Fee Req ired

6. Name and Address of C rrent Registered Agent GRUDIN, MITCHELL J 1634 SE 47TH ST STE #10 CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE
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8. The above named entit s brmits this statement for the p rpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After Ma 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trwst Fwnd Contribwtion. <input type="checkbox"/> \$5.00 Ma Be Added to Fees	U000000058407 02/20/04-80027-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRUDIN, MITCHELL J 1634 SE 47TH STREET, STE #10 CAPE CORAL, FL 33904
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12. I hereby certifi that the information supplied with this filing does not qualifi for the e mption stated in Section 119.07(3)(i), Florida Statutes. I further certifi that the information indicated on this report or swpplemental report is true and accwrate and that m signatwre shall have the same legal effect as if made wnder oath, that I am an officer or director of the corporation or the receiver or trustee empowered to e cwtw this report as required b Chapter 607, Florida Statutes, and that m name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 02/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mitchell Grudin De time Phone # 339-542-3737