



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90083 037 ***150.00

DOCUMENT # P97000067849 1. Entity Name INSURANCE MANAGEMENT CORPORATION					
Principal Place of Business 1634 SE 47TH STREET #10 CAPE CORAL, FL 33904 US			Mailing Address POST OFFICE BOX 100478 CAPE CORAL, FL 33910		
2. Principal Place of Business 1112 SE 47th Terr #D Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Cape Coral FL Zip Country 33904 Lee		City & State Zip Country		4. FEI Number 65-0774624	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01142005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GRUDIN, MITCHELL J 1634 SE 47TH ST- 1112 SE 47th Terr #D STE #10 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Mitchell Grudin</i></u> 04/12/05 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRUDIN, MITCHELL J 1634 SE 47TH STREET STE #10 - See Above CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Mitchell Grudin</i></u> 04/12/05 239-542-3737 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					