

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2008 08:00 AM  
Secretary of State

DOCUMENT # 678976

1. Entity Name

REALTY INSURANCE CONSULTANTS, INC.



Principal Place of Business

1385 W. GRANADA BLVD.  
SUITE 3  
ORMOND BEACH FL 32174  
US

Mailing Address

1385 W. GRANADA BLVD.  
SUITE 3  
ORMOND BEACH FL 32174  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-2082697

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALIRO, JOHN W  
131 CEDAR CREEK WAY  
ORMOND BEACH FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and the filer.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	MAURO, GLORIA	
STREET ADDRESS	4 EAGLE DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAURO, JOHN W	
STREET ADDRESS	131 CEDAR CREEK WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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03/11/08-80016-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Gloria Mauro* *Gloria Mauro - V Pres* 2/25/08 (38) 254-7811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day: 25/08/08