

2005 FOR PROFIT CORPORATION ANNUAL REPORT


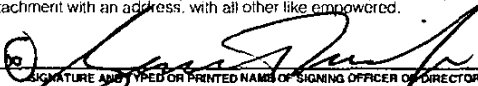
FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90311 014 ***150.00

00042837



01052005 Chg-P CR2E034 (10/03)

DOCUMENT # H96772					
1. Entity Name M & M INSURORS OF ORLANDO, INC.					
Principal Place of Business 6220 S ORANGE BLOSSOM TR SUITE 604 ORLANDO, FL 32809			Mailing Address 6220 S ORANGE BLOSSOM TR SUITE 604 ORLANDO, FL 32809		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2622202	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MICALIZIO, GENE T. 6220 S ORANGE BLOSSOM TR SUITE 604 ORLANDO, FL 32809			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICALIZIO, GENE T.	NAME			
STREET ADDRESS	6220 S ORANGE BLOSSOM TR, SUITE 604	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32809	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICALIZIO, SYLVIA	NAME			
STREET ADDRESS	6220 S ORANGE BLOSSOM TR, SUITE 604	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32809	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICALIZIO, ROBERT	NAME	Robert Micalizio		
STREET ADDRESS	622 S. ORANGE BLOSSOM TERRACE SUITE 604	STREET ADDRESS	6220 S. Orange Blossom Tr., Suite 604		
CITY-ST-ZIP	ORLANDO, FL 32809	CITY-ST-ZIP	Orlando, FL 32809		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Date 4-1-05 Daytime Phone # 407-221-1630			