

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

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**



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2622202

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MICALIZIO, GENE T.
6220 S ORANGE BLOSSOM TR
SUITE 604
ORLANDO, FL 32809**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000520941
05/02/06-88115-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MICALIZIO, GENE T.
STREET ADDRESS	6220 S ORANGE BLOSSOM TR, SUITE 604
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VP
NAME	MICALIZIO, SYLVIA
STREET ADDRESS	6220 S ORANGE BLOSSOM TR, SUITE 604
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	P
NAME	MICALIZIO, ROBERT
STREET ADDRESS	6220 S ORANGE BLOSSOM TERRACE, SUITE 604
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06 (407) 851-1600

Date

Daytime Phone #