2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # H96772

1. Entity Name
M & M INSURORS OF ORLANDO, INC.

Principal Place of Business	Mailing Address
6220 S ORANGE BLOSSOM TR SUITE 604 ORLANDO, FL 32809	6220 S ORANGE BLOSSOM TR SUITE 604 ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

04182007 No Chg-P CR2E034 (11/05)

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

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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 _____ 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 May 1, 2007 Fee will be $550.00

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

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gene Micalizio 4-26-07 407-8711600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #