2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90049 027 ***150.00

DOCUMENT # H96772

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

40068048

01312008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~6220 S ORANGE BLOSSOM TR~~ 670 N. ORLANDO AVE SUITE ~~604~~ 1004A ~~ORLANDO, FL 32809~~ MAITLAND, FL 32751	~~6220 S ORANGE BLOSSOM TR~~ SUITE ~~604~~ 1004 ~~ORLANDO, FL 32809~~ MAITLAND, FL 32751
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
670 N. ORLANDO AVE	670 N. ORLANDO AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 1004A	SUITE 1004A
City & State	City & State
MAITLAND, FL	MAITLAND, FL
Zip / Country	Zip / Country
32751 / Orange	32751 / ORANGE

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	7. Name and Address of New Registered Agent
MICALIZIO, GENE T. ~~6220 S ORANGE BLOSSOM TR~~ 670 N. ORLANDO AVE SUITE ~~604~~ 1004A ~~ORLANDO, FL 32809~~ MAITLAND, FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) 670 N. ORANGE AVE SUITE 1004A City: MAITLAND FL Zip Code: 32751

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: _____ 4-9-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICALIZIO, GENE T. ~~6220 S ORANGE BLOSSOM TR, SUITE 604~~ ~~ORLANDO, FL 32809~~ SAME ADDRESS Change	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CEO 670 N. ORLANDO AVE SUITE 1004A MAITLAND, FL 32751	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MICALIZIO, SYLVIA ~~6220 S ORANGE BLOSSOM TR, SUITE 604~~ ~~ORLANDO, FL 32809~~ SAME ADDRESS Change	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 670 N. ORLANDO AVE SUITE 1004A MAITLAND, FL 32751	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MICALIZIO, ROBERT ~~6220 S ORANGE BLOSSOM TERRACE, SUITE 604~~ ~~ORLANDO, FL 32809~~ SAME ADDRESS Change	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 670 N. ORLANDO AVE SUITE 1004A MAITLAND, FL 32751	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-9-08 407-629-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GENE T. MICALIZIO