

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002235

FILED  
Jan 09, 2010  
Secretary of State

**Entity Name:** MWM INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

203 W. MAIN ST.  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

203 W. MAIN ST.  
AVON PARK, FL 33825

**New Mailing Address:**

4412 DUFFER LOOP.  
SEBRING, FL 33872

**FEI Number:** 36-4344824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCFARLAND, M. WAYNE  
203 W. MAIN ST.  
AVON PARK, FL 33825 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MCFARLAND, M. WAYNE  
**Address:** 203 W. MAIN ST  
**City-St-Zip:** AVON PARK, FL 33825

**Title:** STD  
**Name:** MCFARLAND, KIM M  
**Address:** 4412 DUFFER LOOP  
**City-St-Zip:** SEBRING, FL 33872

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** M WAYNE MCFARLAND

PRES

01/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date