

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000002235

**FILED**  
**Mar 06, 2011**  
**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:**

219 E CENTER AVE  
SEBRING, FL 33870

**Current Mailing Address:**

4412 DUFFER LOOP.  
SEBRING, FL 33872

**New Mailing Address:**

219 E CENTER AVE  
SEBRING, FL 33870

**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:**

MCFARLAND, M. WAYNE  
219 E CENTER AVE  
SEBRING, FL 33870 US

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:

03/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCFARLAND, M. WAYNE  
Address: 219 E CENTER AVE  
City-St-Zip: SEBRING, FL 33870

Title: STD  
Name: MCFARLAND, KIM M  
Address: 219 E CENTER AVE  
City-St-Zip: SEBRING, FL 33870

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

PD

03/06/2011

Electronic Signature of Signing Officer or Director

Date