

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90099 034 ***150.00

DOCUMENT # P00000046675

1. Entity Name
M & M INSURANCE ADVISORS INC.



Principal Place of Business
**4022 ROCKFELLER AVE.
SARASOTA, FL 34231**

Mailing Address
**4022 ROCKFELLER AVE.
SARASOTA, FL 34231**

54060567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1009606

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FREDRICKS, MICHAEL L
4022 ROCKFELLER AVE.
SARASOTA, FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**DP
FREDRICKS, MICHAEL L
4022 ROCKFELLER AVE
SARASOTA, FL 34231**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

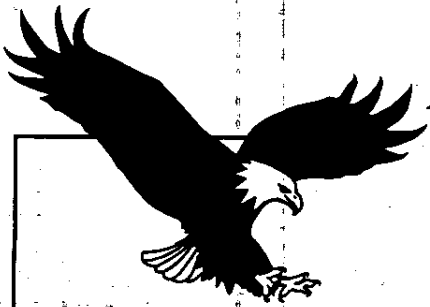
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael L Fredricks
7-1-04



Attn: Hachmat 54060567
P0000004675
American Accounting Service, Inc.

Corporate Headquarters: 357 6th Avenue West • Bradenton, Florida 34205

Phone: (941) 747-9292 • Fax: (941) 748-7626

Ocala Office: 4611 No. Carl G. Rose Hwy., Suite A • Hernando, Florida 32642 • Phone: (904) 637-5440

June 30, 2004

Division of Corporations
PO Box 1500
Tallahassee FL 32302-1500

M & M Insurance Advisors Inc
4022 Rockefeller Ave
Sarasota FL 34231
Doc # P00000046675

Dear Sir or Madam:

Please accept the enclosed check for \$150.00 for this corporation's annual report. They never received the form.

Thank you for your consideration in this matter.

Sincerely

Vera Hornyak
Vera Hornyak, EA.