2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000046675

1. Entity Name
M & M INSURANCE ADVISORS INC

FILED
Jul 11, 2008 08:00 AM
Secretary of State

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

Mailing Address
4022 ROCKERFELLER AVE.
SARASOTA, FL 34231

07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1009606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FREDRICKS, MICHAEL L
STREET ADDRESS	4022 ROCKEFELLER AVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VP
NAME	FREDERICKS, SHARON L
STREET ADDRESS	4022 ROCKEFELLER AVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/11/08-80013-020 150.00

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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: Michael Fredericks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date