


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90023 036 ***150.00

DOCUMENT # P03000147077 1. Entity Name INSURANCE MANAGEMENT GROUP AND TRUST CORPORATION			
Principal Place of Business 2203 NORTH LOIS AVENUE, M-200 TAMPA, FL 33606		Mailing Address 2203 NORTH LOIS AVENUE, M-200 TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 1801 W. HILLS AVE		3. Mailing Address 1801 W. HILLS AVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State TAMPA, FL.		City & State TAMPA, FL.	
Zip 33606		Zip 33606	
Country USA		Country 	
6. Name and Address of Current Registered Agent SHEA, MICHAEL 2203 NORTH LOIS AVE., M-200 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name MICHAEL SHEA Street Address (P.O. Box Number is Not Acceptable) 1801 W. HILLS AVE City TAMPA FL Zip 33606	
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 <u><i>Michael Shea</i></u> DATE <u>4-11-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S GILL, SUSANNE 2203 NORTH LOIS AVENUE, M-200 TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY SILVANA CAPALDI 1801 W. HILLS AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHEA, MICHAEL 2203 NORTH LOIS AVENUE, M-200 TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MICHAEL SHEA 1801 W. HILLS AVE TAMPA, FL 33606
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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 information.			
SIGNATURE: <u><i>MICHAEL SHEA</i></u> <u><i>Michael Shea</i></u>		Date <u>4-11-08</u> Daytime Phone # <u>813-748-2134</u>	

60024215



04142008 Chg-P CR2E034 (12/06)

4. FEI Number
51-0494690

Applied For
Not Applicable

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