2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P11458

1. Entity Name
INSURANCE RESOURCES & RECOVERY COMPANY, INC.

FILED
05 JAN 18 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
708 OAK CIRCLE DR W MOBILE, AL 36619-8299	P.O. BOX 91299 MOBILE, AL 36619-8299

01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0847253
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FONDE, DAPHNE P.
STREET ADDRESS	1055 HILLCREST RD
CITY-ST-ZIP	MOBILE, AL 36695
TITLE	VD
NAME	PILOT, WALTER DAVIS JR.
STREET ADDRESS	1055 HILLCREST RD
CITY-ST-ZIP	MOBILE, AL 36695
TITLE	PD
NAME	PILOT, CURTIS F.
STREET ADDRESS	1055 HILLCREST RD D-2
CITY-ST-ZIP	MOBILE, AL 36695
TITLE	VD
NAME	PILOT, RODNEY A.
STREET ADDRESS	1055 HILLCREST RD D-2
CITY-ST-ZIP	MOBILE, AL 36695
TITLE	STD
NAME	GRACE, PILOT E
STREET ADDRESS	1055 HILLCREST RD D-2
CITY-ST-ZIP	MOBILE, AL 36695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600045552846
01/28/05--01011--011 **150.00

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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: E. Grace Pilot E GRACE PILOT 1/12/05 251-607-7723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #