2005 FOR PROFIT CORPORATION ANNUAL REPORT

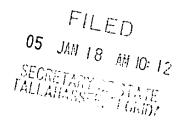
DOCUMENT # P11458

I. Entity Name

INSURANCE RESOURCES & RECOVERY COMPANY, INC.



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





DO NOT WRITE IN THIS SPACE

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number	Appli	ied For
63-0847253	Not A	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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

E GRACE PILOT 1/12/05 251-607-7723

the obligations of registered agent. SIGNATURE							
0.0.0.70.122	Signature, typed or printed name of registered agent and title	l applicable. (NOTE: Register	ed Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
10,	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADORESS CITY-ST-ZIP	VD FONDE, DAPHNE P. 1055 HILLCREST RD MOBILE, AL 36695						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PILOT, WALTER DAVIS JR. 1055 HILLCREST RD MOBILE, AL 36695			8 017	3 00045552846 28/0501011011 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PILOT, CURTIS F. 1055 HILLCREST RD D-2 MOBILE, AL 36695			DO NOT WRITE			
NAME STREET ADDRESS CITY-ST-ZIP	VD PILOT, RODNEY A. 1055 HILLCREST RD D-2 MOBILE, AL 36695			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRACE, PILOT E 1055 HILLCREST RD D-2 MOBILE, AL 36695						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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.							

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 Fiorida. I am familiar with, and accept