

**2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F22000006345

**Entity Name:** G&M INSURANCE SERVICES INC**Current Principal Place of Business:**81681 OLD HIGHWAY  
ISLAMORADA, FL 33036**Current Mailing Address:**82801 OVERSEAS HIGHWAY #744  
ISLAMORADA, FL 33036 US**FEI Number:** 82-5235332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WILDMAN, DAVID  
Address 81681 OLD HIGHWAY  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR  
Name WILDMAN, PHILIP  
Address 81681 OLD HIGHWAY  
City-State-Zip: ISLAMORADA FL 33036

Title TREASURER, CFO  
Name MEEK, JERRY  
Address 81681 OLD HIGHWAY  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR, SECRETARY  
Name WILDMAN, GILLIAN  
Address 81681 OLD HIGHWAY  
City-State-Zip: ISLAMORADA FL 33036

Title PRESIDENT  
Name MORCROFT, KEITH  
Address 81681 OLD HIGHWAY  
City-State-Zip: ISLAMORADA FL 33036

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KEITH MORCROFT****PRESIDENT****04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date