

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J24272

**Entity Name:** M. KREKORIAN AND COMPANY, INC.**Current Principal Place of Business:**16303 NORTH FLORIDA AVENUE, LUTZ, FL, USA  
LUTZ, FL 33549**Current Mailing Address:**16303 NORTH FLORIDA AVENUE, LUTZ, FL, USA  
LUTZ, FL 33549 US**FEI Number:** 59-2714633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KREKORIAN, MICHAEL  
16303 NORTH FLORIDA AVENUE, LUTZ, FL, USA  
LUTZ, FL 33549 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:** MICHAEL KREKORIAN

01/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |  |
|-----------------|--|
| Title           | PRESIDENT                                    |
| Name            | KREKORIAN, MICHAEL                           |
| Address         | 16303 NORTH FLORIDA AVENUE,<br>LUTZ, FL, USA |
| City-State-Zip: | LUTZ FL 33549                                |

|                 |  |
|-----------------|--|
| Title           | VP   |
| Name            | KREKORIAN, MARK                              |
| Address         | 16303 NORTH FLORIDA AVENUE,<br>LUTZ, FL, USA |
| City-State-Zip: | LUTZ FL 33549                                |

|                 |  |
|-----------------|--|
| Title           | SECRETARY                                    |
| Name            | KREKORIAN, MICHELE                           |
| Address         | 16303 NORTH FLORIDA AVENUE,<br>LUTZ, FL, USA |
| City-State-Zip: | LUTZ FL 33549                                |

|                 |  |
|-----------------|--|
| Title           | TREASURER                                    |
| Name            | KRISTIN, KREKORIAN                           |
| Address         | 16303 NORTH FLORIDA AVENUE,<br>LUTZ, FL, USA |
| City-State-Zip: | LUTZ FL 33549                                |

*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:** MICHAEL P KREKORIAN

PRESIDENT

01/06/2024

Electronic Signature of Signing Officer/Director Detail

Date