

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000105500

**Entity Name:** MICHAEL D. CROW & ASSOCIATES, INC.

**Current Principal Place of Business:**

509-B W. ALEXANDER ST  
PLANT CITY, FL 33563

**Current Mailing Address:**

509-B W. ALEXANDER ST  
PLANT CITY, FL 33563 US

**FEI Number:** 45-4026468

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CROW, MICHAEL D  
509 W ALEXANDER ST  
SUITE B  
PLANT CITY, FL 33563 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           | P                 | Title           | SECRETARY, TREASURER |
| Name            | CROW, MICHAEL D   | Name            | CROW, LEA A          |
| Address         | 2444 NICHOLS ROAD | Address         | 2444 NICHOLS ROAD    |
| City-State-Zip: | LITHIA FL 33547   | City-State-Zip: | LITHIA FL 33547      |

*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 D. CROW

**OWNER**

**03/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date