

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M71212

**Entity Name:** KIERZYNSKI & ASSOCIATES, C.P.A., P.A.

**FILED**  
**Apr 15, 2022**  
**Secretary of State**  
**8072382982CC**

**Current Principal Place of Business:**

C/O MICHAEL J. KIERZYNSKI  
5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

**Current Mailing Address:**

C/O MICHAEL J. KIERZYNSKI  
5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

**FEI Number:** 59-2872851

**Certificate of Status Desired:** No

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

KIERZYNSKI, MICHAEL J  
5143 COMMERCIAL WAY  
SPRING HILL, FL 34606 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 DPAS  
Name KIERZYNSKI, MICHAEL J  
Address 5143 COMMERCIAL WAY  
City-State-Zip: SPRING HILL FL 34606

Title DVPST  
Name KASTNER, MICHELLE L  
Address 5143 COMMERCIAL WAY  
City-State-Zip: SPRING HILL FL 34606

Title VP  
Name KIERZYNSKI, GLORIA H  
Address 5143 COMMERCIAL WAY  
City-State-Zip: SPRING HILL FL 34606

Title VP  
Name CONWAY, MARYBETH  
Address 5143 COMMERCIAL WAY  
City-State-Zip: SPRING HILL FL 34606

*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 J KIERZYNSKI

DPAS

04/15/2022

Electronic Signature of Signing Officer/Director Detail

Date