

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000020759

**Entity Name:** KATHRYN DOWD PA

**Current Principal Place of Business:**

523 UMBRELLA LOOP  
THE VILLAGES, FL 32163

**Current Mailing Address:**

523 UMBRELLA LOOP  
THE VILLAGES, FL 32163 US

**FEI Number:** 45-4641008

**Certificate of Status Desired:** No

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

FLORIDA INCORPORATOR  
619 CATTLEMEN RD - SUITE O11  
SARASOTA, FL 34232 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  
Name DOWD, KATHRYN  
Address 523 UMBRELLA LOOP  
City-State-Zip: THE VILLAGES FL 32163

*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:** KATHRYN DOWD

**OWNER**

**01/18/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date