

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000081281

**Entity Name:** ANGELA CRAWFORD, P.A.

**Current Principal Place of Business:**

6189 MAYO AVE  
NORTH PORT, FL 34291

**Current Mailing Address:**

6189 MAYO AVE  
NORTH PORT, FL 34291 US

**FEI Number: 82-3049725**

**Certificate of Status Desired:** No

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

CRAWFORD, ANGELA  
6189 MAYO AVE  
NORTH PORT, FL 34291 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	DIR
Name	CRAWFORD, ANGELA	Name	CRAWFORD, ANGELA
Address	6189 MAYO AVE	Address	6189 MAYO AVE
City-State-Zip:	NORTH PORT FL 34291	City-State-Zip:	NORTH PORT FL 34291

*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: ANGELA CRAWFORD**

**PRESIDENT**

**03/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date