

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000026619

**Entity Name:** MICHAEL LUGRAND INSURANCE COMPANY

**Current Principal Place of Business:**

7233 PINE FOREST CIRCLE  
LAKE WORTH, FL 33467

**Current Mailing Address:**

7233 PINE FOREST CIRCLE  
LAKE WORTH, FL 33467 US

**FEI Number:** 82-4993170

**Certificate of Status Desired:** No

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

LUGRAND, MICHAEL  
3080 S. JOG ROAD  
GREENACRES, FL 33467 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 LUGRAND, MICHAEL  
Address 7233 PINE FOREST CIRCLE  
City-State-Zip: LAKE WORTH FL 33467

*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 A. LUGRAND

CEO

02/01/2024

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

\_\_\_\_\_  
Date