

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000025851

**Entity Name:** CRESPO FLORIDA INSURANCE INC

**Current Principal Place of Business:**

288 PHEASANT RUN CT  
LONGWOOD , FL 32779

**Current Mailing Address:**

288 PHEASANT RUN CT  
LONGWOOD, FL 32779 US

**FEI Number:** 83-4165823

**Certificate of Status Desired:** No

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

EUREA, NINOSKA  
288 PHEASANT RUN CT  
LONGWOOD, FL 32779 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           | VP                  |
| Name            | CRESPO, WINDER      | Name            | EUREA, NINOSKA      |
| Address         | 288 PHEASANT RUN CT | Address         | 288 PHEASANT RUN CT |
| City-State-Zip: | LONGWOOD FL 32779   | City-State-Zip: | LONGWOOD FL 32779   |

*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:** WINDER CRESPO

**OWNER**

**04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date