

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000051476

**Entity Name:** KATHRYN ELOISE MURATORE, PA

**Current Principal Place of Business:**

1684 WOELKERS CIR  
THE VILLAGES, FL 34762

**Current Mailing Address:**

1684 WOELKERS CIR  
THE VILLAGES, FL 34762 US

**FEI Number: 88-2937964**

**Certificate of Status Desired: No**

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

MURATORE, KATHRYN E  
1684 WOELKERS CIR  
THE VILLAGES, FL 34762 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            PRES  
Name            MURATORE, KATHRYN E  
Address        1684 WOELKERS CIR  
City-State-Zip: THE VILLAGES FL 34762

Title            SEC  
Name            MURATORE, KATHRYN E  
Address        1684 WOELKERS CIR  
City-State-Zip: THE VILLAGES FL 34762

Title            TRES  
Name            MURATORE, KATHRYN E  
Address        1684 WOELKERS CIR  
City-State-Zip: THE VILLAGES FL 34762

Title            DIR  
Name            MURATORE, KATHRYN E  
Address        1684 WOELKERS CIR  
City-State-Zip: THE VILLAGES FL 34762

*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 ELOISE MURATORE**

**PRES**

**03/31/2025**

Electronic Signature of Signing Officer/Director Detail

Date