

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V72219

**Entity Name:** DAVID MICHAEL CLOWER, P.A.

**Current Principal Place of Business:**

224 SOUTH BEACH STREET, #204  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

224 SOUTH BEACH STREET, #204  
DAYTONA BEACH, FL 32114 US

**FEI Number:** 59-3150479

**Certificate of Status Desired:** No

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

CLOWER, DAVID MICHAEL  
224 SOUTH BEACH STREET, #204  
DAYTONA BEACH, FL 32114 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 PD  
Name CLOWER, DAVID MICHAEL  
Address 224 SOUTH BEACH STREET, #204  
City-State-Zip: DAYTONA BEACH FL 32114

*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:** DAVID MICHAEL CLOWER

**PRESIDENT**

**02/28/2025**

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

\_\_\_\_\_ Date