

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 461046

Entity Name: ERNIE PALMER, INC.**Current Principal Place of Business:**1290 CASSAT AVENUE
JACKSONVILLE, FL 32205-7045**Current Mailing Address:**1290 CASSAT AVENUE
JACKSONVILLE, FL 32205-7045 US**FEI Number:** 59-1552307**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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	PALMER, ERNEST R
Address	1310 CASSAT AVE
City-State-Zip:	JACKSONVILLE FL 32205

Title	VP
Name	PALMER, MICHAEL E
Address	1310 CASSAST AVE.
City-State-Zip:	JACKSONVILLE FL 32205

Title	AVP
Name	PALMER, KEITH A
Address	1310 CASSAST AVE.
City-State-Zip:	JACKSONVILLE FL 32205

Title	D
Name	CLELAND, PAMELA P
Address	1310 CASSAST AVE.
City-State-Zip:	JACKSONVILLE FL 32205

Title	ST
Name	CLELAND, MARK W
Address	1310 CASSAT AVE
City-State-Zip:	JACKSONVILLE FL 32205

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: MARK CLELAND

SEC/TREAS

01/15/2016

Electronic Signature of Signing Officer/Director Detail_____
Date