

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000061209

**Entity Name:** ETION, P.A.

**Current Principal Place of Business:**

ETION, P.A., C/O SHAW LAW FIRM, P.A.  
2338 IMMOKALEE RD., #424  
NAPLES, FL 34110

**Current Mailing Address:**

ETION, P.A., C/O SHAW LAW FIRM, P.A.  
2338 IMMOKALEE RD., #424  
NAPLES, FL 34110 US

**FEI Number:** 30-0792185

**Certificate of Status Desired:** No

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

KANE, MICHAEL  
MICHAEL KANE, C/O SHAW LAW FIRM, P.A.  
2338 IMMOKALEE RD., #424  
NAPLES, FL 34110 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 KANE, MICHAEL  
Address C/O SHAW LAW FIRM, P.A.,  
2338 IMMOKALEE RD., #424  
City-State-Zip: NAPLES FL 34110

*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 KANE

**PRESIDENT**

**02/29/2016**

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

\_\_\_\_\_  
Date