

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001372

Entity Name: APRIL LOOMIS, INC.

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

514 SW 2ND AVE.  
OCALA, FL 344710911

**New Principal Place of Business:**

**Current Mailing Address:**

514 SW 2ND AVE.  
OCALA, FL 344710911

**New Mailing Address:**

FEI Number: 20-8118865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOOMIS, APRIL  
514 SW 2ND AVE.  
OCALA, FL 344710911 US

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

LOOMIS, APRIL N  
514 SW 2ND AVE.  
OCALA, FL 344710911 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: APRIL LOOMIS

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LOOMIS, APRIL  
Address: 514 SW 2ND AVE.  
City-St-Zip: Ocala, FL 344710911

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: APRIL LOOMIS

DP

04/21/2009

Electronic Signature of Signing Officer or Director

Date