

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 625377

**Entity Name:** ENNIS C.P.A. ASSOCIATES, P.A.

**Current Principal Place of Business:**

2405 ARDSON PL  
404 A  
TAMPA, FL 33629

**Current Mailing Address:**

2405 ARDSON PL  
404 A  
TAMPA, FL 33629

**FEI Number:** 59-1913651

**Certificate of Status Desired:** No

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

ENNIS, HENRY GPRES  
2405 ARDSON PLACE  
404A  
TAMPA, FL 33629 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 ENNIS, HENRY GJR.  
Address 2405 ARDSON PLACE, UNIT 404A  
City-State-Zip: TAMPA FL 33629

Title S  
Name ENNIS, FAY P  
Address 2405 ARDSON PLACE, UNIT 404 A  
City-State-Zip: TAMPA FL 33629

Title AS  
Name ENNIS, HENRY GIII  
Address 2808 MARLIN AVE  
City-State-Zip: TAMPA FL 33611

Title TREASURER  
Name ENNIS, LEIGH A  
Address 2410 COUNTRY CLUB AVENUE  
City-State-Zip: TAMPA FL 33611

*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:** HENRY G. ENNIS, JR.

**PRESIDENT**

**02/06/2016**

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

\_\_\_\_\_  
Date