## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04795

**Entity Name: ELLISON SERVICE CORPORATION** 

**Current Principal Place of Business:** 

C/O GARY SWICK 8390 CURRENCY DRIVE SUITE 2 RIVIERA BEACH, FL 33404

**Current Mailing Address:** 

C/O GARY SWICK 8390 CURRENCY DRIVE SUITE 2 RIVIERA BEACH, FL 33404 US

FEI Number: 59-2042208 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWICK, GARY C/O GARY SWICK 8390 CURRENCY DRIVE SUITE 2 RIVIERA BEACH, FL 33404 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: GARY SWICK 04/28/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title DPT

ELLISON, PETER SWICK, GARY R. Name Name C/O GARY SWICK C/O GARY SWICK Address Address

8390 CURRENCY DRIVE SUITE 2 8390 CURRENCY DRIVE SUITE 2

City-State-Zip: RIVIERA BEACH FL 33404 City-State-Zip: RIVIERA BEACH FL 33404

Title DVS

Name SWICK, JEANINE Address C/O GARY SWICK

SIGNATURE: GARY SWICK

8390 CURRENCY DRIVE SUITE 2

City-State-Zip: RIVIERA BEACH FL 33404

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.

Ρ

Date

**FILED** Apr 28, 2017

**Secretary of State** 

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