

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17171

Entity Name: ELLIS & ASSOCIATES, INC.**Current Principal Place of Business:**7064 DAVIS CREEK ROAD
JACKSONVILLE, FL 32256**Current Mailing Address:**7064 DAVIS CREEK ROAD
JACKSONVILLE, FL 32256 US**FEI Number:** 59-2891172**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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:** JUDITH ARGAO

03/30/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name EDMONDS, GREG A
Address 7064 DAVIS CREEK ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title VD
Name LITHMAN, MICHAEL L
Address 9919 CHELSEA LAKE RD
City-State-Zip: JACKSONVILLE FL 32256

Title CEO
Name WALID, SOBH
Address 2815 DIRECTORS ROW
 SUITE 500
City-State-Zip: ORLANDO FL 32809

Title VP
Name CHAMPION, JOSEPH
Address 7064 DAVIS CREEK ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name OWEIS, NICK
Address 7064 DAVIS CREEK ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name ECKERT, JAMES
Address 14026 THUNDERBOLT PLACE
 SUITE 300
City-State-Zip: CHANTILLY VA 20151

Title VP
Name DEBO, LORIE
Address 14026 THUNDERBOLT PLACE
 SUITE 300
City-State-Zip: CHANTILLY VA 20151

Title TREASURER
Name ANDONYADIS, HRISULA
Address 14026 THUNDERBOLT PLACE
 SUITE 300
City-State-Zip: CHANTILLY VA 20151

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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: JAMES ECKERT

VICE PRESIDENT

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	ST. JOHN, AMBER
Address	7064 DAVIS CREEK ROAD
City-State-Zip:	JACKSONVILLE FL 32256