

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000001372

**Entity Name:** APRIL LOOMIS, INC.

**Current Principal Place of Business:**

514 SW 2ND AVE.  
OCALA, FL 34471-0911

**Current Mailing Address:**

514 SW 2ND AVE.  
OCALA, FL 34471-0911 US

**FEI Number:** 20-8118865

**Certificate of Status Desired:** No

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

LOOMIS, APRIL N  
514 SW 2ND AVE.  
OCALA, FL 34471-0911 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 LOOMIS, APRIL  
Address 514 SW 2ND AVE.  
City-State-Zip: Ocala FL 34471-0911

*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:** APRIL LOOMIS

**PRESIDENT**

**04/22/2013**

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

\_\_\_\_\_  
Date