

**2016 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  
219 SW 6TH STREET  
OCALA, FL 34471-0942 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

04/05/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOOMIS, APRIL  
Address        219 SW 6TH STREET  
City-State-Zip: Ocala FL 34471-0942

*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

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04/05/2016

Electronic Signature of Signing Officer/Director Detail

Date