

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000058670

**Entity Name:** E.R.N. OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

3701 EMERSON ST  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3701 EMERSON ST  
JACKSONVILLE, FL 32207

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HOOD, LIANA RESQ  
4417 BEACH BLVD SUITE 104  
JACKSONVILLE, FL 32207 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 PVST  
Name HOWARD, MILT  
Address 3701 EMERSON ST  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name HOWARD, MILT  
Address 3701 EMERSON ST  
City-State-Zip: JACKSONVILLE FL 32207

*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:** MILTON HOWARD

**PRESIDENT**

**04/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date