

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J58096

**Entity Name:** PARRAMORE'S CAMP, INC.

**Current Principal Place of Business:**

1675 CAMP SOUTH MOON RD.  
ASTOR, FL 32102

**Current Mailing Address:**

P.O. BOX 39  
ASTOR, FL 32102

**FEI Number:** 59-2781877

**Certificate of Status Desired:** No

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

PIERCE, LORI E  
1747 CAMP SOUTH MOON RD  
ASTOR, FL 32102 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, VP  
Name PIERCE, LORI E  
Address 1747 CAMP SOUTH MOON RD.  
City-State-Zip: ASTOR FL 32102

Title S,T  
Name WELLER, REVA L  
Address 1747 CAMP SOUTH MOON RD  
City-State-Zip: ASTOR FL 32102

*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:** LORI E. PIERCE

**PRESIDENT**

**04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date