

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000030754

**Entity Name:** P.M. ECKMAN ADVERTISING, INC.

**Current Principal Place of Business:**

950 NW 63RD COURT  
OCALA, FL 34482

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC7526717847**

**Current Mailing Address:**

950 NW 63RD COURT  
OCALA, FL 34482 SE

**FEI Number: 59-3372398**

**Certificate of Status Desired: No**

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

ECKMAN, PETER M  
950 NW 63RD COURT  
OCALA, FL 34482 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            PRES  
Name            ECKMAN, PETER M  
Address        950 NW 63RD COURT  
City-State-Zip: Ocala FL 34482

Title            PRES  
Name            ECKMAN, PETER  
Address        950 NW 63RD ST  
City-State-Zip: Ocala FL 34482

Title            PRES  
Name            ECKMAN, PETER  
Address        950 NW 63RD ST  
City-State-Zip: Ocala FL 34482

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Name            ECKMAN, PETER  
Address        950 NW 63RD ST  
City-State-Zip: Ocala FL 34482

Title            PRES  
Name            ECKMAN, PETER  
Address        950 NW 63RD ST  
City-State-Zip: Ocala FL 34482

*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: PETER M. ECKMAN**

**PRESIDENT**

**03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date