2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000023469

1. Entity Name

THE LEGAL FORMS LIBRARY, INC.



Principal Place of Business

Mailing Address

58 COMMERCIAL WAY SPRING HILL, FL 34606 **58 COMMERCIAL WAY** SPRING HILL, FL 34606

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90761 004 ***150.00

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DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number

04-3685948

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCI, JAMES E 8090 GREENBRIER COURT SPRING HILL, FL 34606

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or re	egistered agent, or both, in	the State of Florida. I am far	niliar with, and accept
SIGNATURE -	6					<u>.</u>
	Signature, typed by printed name of registered agent and title	f applicable. (NOTE: Registere	ed Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees		•
10	OFFICERS AND DIREC	CTORS	35.3 2 3 3 3 3			
TITLE" NAME STREET ADDRESS CITY-ST-ZIP	PD MARCI, JAMES 8090 GREENBRIER COURT SPRING HILL, FL 34606					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other this empowered.

CITY-ST-ZIP-

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR