

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132185

Entity Name: LEGENDS PLUMBING, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

222 87 AVE NE
ST PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 56693
ST PETERSBURG, FL 33732

New Mailing Address:

FEI Number: 55-0852344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHALOVE, LOUIS P D
222 87 AVE NE
ST PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MICHALOVE, LOUIS
Address: 222 87 AVE NE
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: V () Delete
Name: MICHALOVE, RICHARD L MR
Address: 66252 OXFORD RD.
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: S () Delete
Name: MICHALOVE, TONI
Address: 222 87 AVE NE
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: D (X) Delete
Name: MARKHAM, JEFF J
Address: 3816 41 AVE NO.
City-St-Zip: ST PETERSBURG, FL 33714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOUIS MICHALOVE

D

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date