

2007 FOR PROFIT CORPORATION, ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-02-2007 90008 022 ***150.00

DOCUMENT # P06000031194					
1. Entity Name LEGAL RESEARCH PLUS, INC.					
Principal Place of Business P.O. BOX 1057 CITRA FL 32113-1057			Mailing Address P.O. BOX 1057 CITRA FL 32113-1057		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0770593	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, JUDY 1360 NE 175TH ST CITRA FL 32113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Judy Ann Clark</i> <i>Judy Ann Clark</i> 1-22-07 (Signature, typed or printed name of registered agent. Make applicable. (NOTE: Registered Agent signature required when re-stating)) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CLARK, JUDY P.O. BOX 1057 CITRA FL 32113-1057	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered.					
SIGNATURE: <i>Judy Ann Clark</i> <i>Judy Ann Clark</i> 1-22-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			352 502 1768 Daytime Phone #		