2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F91702

Entity Name: LEGRANDE AND LEGRANDE, P.A.

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2069 FIRST ST., SUITE #304 2069 FIRST ST., SUITE #302 P.O. BOX 2429 FORT MYERS, FL 339022429 US

FORT MYERS, FL 339022429 US

Current Mailing Address: New Mailing Address:

2069 FIRST ST., SUITE #304 P.O. BOX 2429
P.O. BOX 2429
P.O. BOX 2429
P.O. BOX 2429

FORT MYERS, FL 339022429 US FORT MYERS, FL 339022429 US

FEI Number: 59-2215578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEGRANDE, JAMES, LERAY
2069 FIRST ST STE 304
FORT MYERS, FL 33901 US
LEGRANDE, JAMES, LERAY
2069 FIRST ST STE 302
FORT MYERS, FL 339022429 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: 01/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete

Title:

Title: TPS (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 LEGRANDE, BARBARA
 Name:
 LEGRANDE, BARBARA

 Address:
 2069 FIRST ST STE 304
 Address:
 2069 FIRST ST STE 302

 City-St-Zip:
 FORT MYERS, FL 33901
 City-St-Zip:
 FORT MYERS, FL 33901

() Delete Title: Title: (X) Change () Addition Name: LEGRANDE, JAMES LEARY Name: LEGRANDE, JAMES LERAY 2069 FIRST STREET STE 304 Address: 2069 FIRST STREET STE 302 Address: FORT MYERS, FL 33901 FORT MYERS, FL 33901 City-St-Zip: 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: JAMES LERAY LEGRANDE PRES 01/06/2009