

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F91702

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** LEGRANDE AND LEGRANDE, P.A.

**Current Principal Place of Business:**

2069 FIRST ST., SUITE #302  
FORT MYERS, FL 339022429 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2429  
P.O. BOX 2429  
FORT MYERS, FL 339022429 US

**New Mailing Address:**

**FEI Number:** 59-2215578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEGRANDE, JAMES, LERAY  
2069 FIRST ST STE 302  
FORT MYERS, FL 339022429 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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: LEGRANDE, BARBARA  
Address: 2069 FIRST ST STE 302  
City-St-Zip: FORT MYERS, FL 33901

Title: P  
Name: LEGRANDE, JAMES LERAY  
Address: 2069 FIRST STREET STE 302  
City-St-Zip: FORT MYERS, FL 33901

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: JAMES LERAY LEGRANDE

P

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date