


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G07747</b> 1. Entity Name <b>LEGAL SERVICES, INC.</b>			
Principal Place of Business <b>801 N. MAGNOLIA AVENUE SUITE 208 ORLANDO, FL 32803</b>		Mailing Address <b>801 N. MAGNOLIA AVENUE SUITE 208 ORLANDO, FL 32803</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02012006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2316566</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JUNKER, C. RICHARD 801 N. MAGNOLIA AVENUE SUITE 208 ORLANDO, FL 32803</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000420877 02/16/06-80014-012 150.00	
TITLE	D		
NAME	JUNKER, C. RICHARD		
STREET ADDRESS	801 N. MAGNOLIA AVENUE		
CITY-ST-ZIP	ORLANDO, FL 32803		
TITLE	D		
NAME	JUNKER, ELIZABETH		
STREET ADDRESS	801 N. MAGNOLIA AVENUE		
CITY-ST-ZIP	ORLANDO, FL 32803		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 507, 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.			
<b>SIGNATURE:</b> <i>Elizabeth Junker</i> <b>Elizabeth JUNKER</b>		<b>2-1-2006 407-843-2245</b>	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	