

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K83523

FILED
Apr 16, 2009
Secretary of State

Entity Name: EGAL OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

690 ENTERPRISE RD.
OSTEEN, FL 32764

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4014
ENTERPRISE, FL 32725

New Mailing Address:

FEI Number: 59-2947098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, ROBERT W.
1900 E. ROBINSON AVE.
ORLANDO, FL 32803 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: DP () Delete
Name: BURNS, ROBERT W.
Address: 690 ENTERPRISE RD.
City-St-Zip: OSTEEN, FL

Title: VST () Delete
Name: BURNS, LAURA K.
Address: 690 ENTERPRISE RD.
City-St-Zip: OSTEEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BURNS, ROBERT W.
Address: 690 ENTERPRISE RD.
City-St-Zip: OSTEEN, FL 32764

Title: VP (X) Change () Addition
Name: BURNS, LAURA K.
Address: 690 ENTERPRISE RD.
City-St-Zip: OSTEEN, FL 32764

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: ROBERT W. BURNS

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date