

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M61064

Entity Name: LEGAL CONSULTANTS, INC.

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4020 EVANS AVE.  
FT. MYERS, FL 339019309

**New Principal Place of Business:**

12601 METRO PARKWAY  
FT. MYERS, FL 33966

**Current Mailing Address:**

P.O. BOX 61412  
FT. MYERS, FL 339061412 US

**New Mailing Address:**

FEI Number: 65-0016868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FREEMAN, PAUL H., ESQ.  
1840 W 49TH ST STE 410  
HIALEAH, FL 33012 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: DPS ( ) Delete  
Name: SCHEINER, CHERYL A  
Address: 4020 EVANS AVE  
City-St-Zip: FT. MYERS, FL 339019309

Title: AS ( ) Delete  
Name: FREEMAN, PAUL H.,  
Address: 1840 W 49TH ST STE 410  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: SCHEINER, CHERYL A  
Address: 12601 METRO PARKWAY  
City-St-Zip: FT. MYERS, FL 33966

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CHERYL SCHEINER

DPS

04/02/2009

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

\_\_\_\_\_  
Date