


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90027 027 ***150.00

DOCUMENT # M71718 1. Entity Name LEGAL EASY, INC.	
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Principal Place of Business 5279 EHRLICH ROAD TAMPA, FL 33624	Mailing Address 5279 EHRLICH ROAD TAMPA, FL 33624
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44049224



06012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2879331	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GORSLINE, GARY 5279 EHRLICH ROAD TAMPA, FL 33624	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORSLINE, GARY 5502 GARDEN ARBOR DR LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORSLINE, MARY L 5502 GARDEN ARBOR DR LUTZ, FL 33558
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.

SIGNATURE: Mary Lynn Gorsline Mary Lynn Gorsline 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813-968-1616