


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N94000005701 |  |
| 1. Entity Name LEGALNET OF SOUTH FLORIDA, INC. | |

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|--|---|
| Principal Place of Business 11332 S.W. 115 TERRACE MIAMI, FL 33176 | Mailing Address 7900 SW 53 PL MIAMI, FL 33143 |
|--|---|



04212004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0587754

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILL, SHIRLEY
C/O PROTEMPS OF MIAMI, INC.
701 PROMENADE DRIVE, STE. 104
PEMBROKE PINES, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ROEHM, CHRIS JR 270 NE 51 STREET FORT LAUDERDALE, FL 33340 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD SHANAHAN, PATRICK 14875 NW 77 AVE. #204 HIALEAH, FL 33014 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S LUCAS, LIS 606 BRICKELL AVE. #203 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD KOTLER, JOSH 7312 SW W. 78 STREET MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 954-309-5462