

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005620

Entity Name: FLORIDA L.E.G.A.L., INC.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

P.O. BOX 0068
KEY WEST, FL 330410068

New Principal Place of Business:

3930 S. ROOSEVELT BLVD.
314 SOUTH
KEY WEST, FL 330400068

Current Mailing Address:

P.O. BOX 0068
KEY WEST, FL 330410068

New Mailing Address:

FEI Number: 65-0951104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKSTEIN, ALAN ESQ
3010 FLAGLER AVE
KEY WEST, FL 33040 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: P () Delete
Name: BARRON, MICHAEL
Address: 3930 S. ROOSEVELT BLVD #208E
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: CARROLL, HUNTER
Address: 134 GOLF CLUB LANE
City-St-Zip: VENICE, FL 34293

Title: ST () Delete
Name: SLEBODNICK, CHARLES
Address: 3930 S ROOSEVELT BLVD., #314S
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: WOODARD, THOMAS
Address: 3705 LOCHINVAR LANE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SLEBODNICK

S/T

01/09/2008

Electronic Signature of Signing Officer or Director

Date