

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90247 048 ***150.00

DOCUMENT # P01000070261

1. Entity Name
ANYTHING LEGAL, INC.



Principal Place of Business
**6289 W SUNRISE BLVD STE 114
SUNRISE, FL 33313**

Mailing Address
**6289 W SUNRISE BLVD STE 114
120
SUNRISE, FL 33313**



2. Principal Place of Business
6299 W Sunrise Blvd

Suite, Apt. #, etc.
Suite 211

City & State
Sunrise FL

Zip
33313

Country
USA

3. Mailing Address
6299 W Sunrise Blvd

Suite, Apt. #, etc.
Suite 211

City & State
Sunrise FL

Zip
33313

Country
USA

04232004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1119845

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARDNER, IAN
6289 W SUNRISE BLVD STE 114
120
SUNRISE, FL 33313**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

6299 W Sunrise Blvd #211

City
Sunrise

FL

Zip Code
33313

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**PSD
GARDNER, IAN
6289 W. SUNRISE BLVD. STE. 120
SUNRISE, FL 33313**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: Ian Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

954-581-9659

Daytime Phone #