

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118423

FILED
Feb 16, 2009
Secretary of State

Entity Name: LEGGETT'S APPLIANCE SERVICE, INC.

Current Principal Place of Business:

PO BOX 1236
MACCLENNY, FL 32063

New Principal Place of Business:

500 W MACCLENNY AV
MACCLENNY, FL 32063

Current Mailing Address:

PO BOX 1236
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 26-0009892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGGETT, THOMAS D
4309 DOGWOOD ST.
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

LEGGETT, THOMAS D
500 W MACCLENNY AVE
MACCLENNY, FL 32063 US

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: THOMAS D LEGGETT

02/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LEGGETT, THOMAS D
Address: PO BOX 1236
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: LEGGETT, THOMAS D
Address: 500 W MACCLENNY AVE
City-St-Zip: MACCLENNY, FL 32063

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: THOMAS D LEGGETT

OWNE

02/16/2009

Electronic Signature of Signing Officer or Director

Date