

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034477

FILED
Apr 30, 2005
Secretary of State

Entity Name: LEGACY INSURANCE AND ASSOCIATES, INC.

Current Principal Place of Business:

10151 DEER WOOD PARK BLVD.
SUITE 250 BLDG. 200
JACKSONVILLE, FL 32256

New Principal Place of Business:

4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256

Current Mailing Address:

10151 DEERWOOD PARK BLVD.
SUITE 250 BLDG. 200
JACKSONVILLE, FL 32256

New Mailing Address:

4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256

FEI Number: 03-0416341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARRELL, LISA M
10901 BURNT MILL ROAD
#308
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

DAVIS, KELVIN S PRES
4905 BELFORT ROAD
110
JACKSONVILLE, FL 32256 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: KELVIN S. DAVIS

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, KELVIN S
Address: 4090 HODGES BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32225

Title: S (X) Delete
Name: DARRELL, LISA M
Address: 10901 BURNT MILL ROAD #308
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: KELVIN S. DAVIS

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date