

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90043 016 ***150.00

DOCUMENT # P03000078530

1. Entity Name

LEGAL ART WORKS INC.



Principal Place of Business

209 NORTH LAURA ST.
JACKSONVILLE FL 32202

Mailing Address

209 NORTH LAURA ST.
JACKSONVILLE FL 32202

Now: 45 W. Bay St., Suite 103
Jacksonville, FL 32202

← same

2. Principal Place of Business / No P.O. Box #

45 W. Bay St.

3. Mailing Address

45 W. Bay St.

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32202

Country

USA

Zip

32202

Country

USA

4. FEI Number

37-1470833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

DAVIS, JEFF M
11 E FORSYTH ST.
1104
JACKSONVILLE FL 32202

Davis, Jeff M.
8592 Crooked tree Dr
Jacksonville, FL
32256

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DAVIS, JEFF M
STREET ADDRESS 11 E FORSYTH ST.
CITY-ST-ZIP JACKSONVILLE FL 32202
☐ Delete
See section #6

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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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed