

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125525

Entity Name: MICHAEL K. LEGGETT INC.

FILED  
Apr 27, 2011  
Secretary of State

**Current Principal Place of Business:**

2809 GIBSON RD.  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

11624 FT. CAROLINE LAKES DRIVE  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

FEI Number: 57-1191083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEGGETT, MICHAEL K  
11624 FT. CAROLINE LAKES DRIVE  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

LEGGETT, MICHAEL K SR  
11624 FT. CAROLINE LAKES DRIVE  
JACKSONVILLE, FL 32225 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: MICHAEL LEGGETT SR.

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEGGETT, MICHAEL K SR  
Address: 11624 FT. CAROLINE LAKES DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP  
Name: LEGGETT, MICHAEL K SR  
Address: 11624 FT. CAROLINE LAKES DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TRES  
Name: LEGGETT, MICHAEL K SR  
Address: 11624 FT. CAROLINE LAKES DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SEC  
Name: LEGGETT, MICHAEL K SR  
Address: 11624 FT. CAROLINE LAKES DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL LEGGETT SR.

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date