

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000132185

**Entity Name:** LEGENDS PLUMBING, INC.

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

222 87 AVE NE  
ST PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 56693  
ST PETERSBURG, FL 33732

**New Mailing Address:**

222 87 AVE NE  
ST PETERSBURG, FL 33702

**FEI Number:** 55-0852344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHALOVE, LOUIS P D  
222 87 AVE NE  
ST PETERSBURG, FL 33702 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MICHALOVE, LOUIS  
**Address:** 222 87 AVE NE  
**City-St-Zip:** ST PETERSBURG, FL 33702 US

**Title:** V  
**Name:** MICHALOVE, RICHARD L MR  
**Address:** 66252 OXFORD RD.  
**City-St-Zip:** PINELLAS PARK, FL 33782 US

**Title:** S  
**Name:** MICHALOVE, TONI  
**Address:** 222 87 AVE NE  
**City-St-Zip:** ST PETERSBURG, FL 33702 US

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:** LOUIS MICHALOVE

D

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date