

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087403

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: LEGACY TITLE & ESCROW, INC.

## Current Principal Place of Business:

3535 HIGHWAY 17  
4  
ORANGE PARK, FL 32003

## Current Mailing Address:

3535 HIGHWAY 17  
4  
ORANGE PARK, FL 32003

FEI Number: 56-2462334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

3509 HIGHWAY 17  
B  
ORANGE PARK, FL 32003

## New Mailing Address:

3509 HIGHWAY 17  
B  
ORANGE PARK, FL 32003

## Name and Address of Current Registered Agent:

CLARKSON, CASSIE R  
3535 HIGHWAY 17  
4  
ORANGE PARK, FL 32003 US

## Name and Address of New Registered Agent:

CLARKSON, CASSIE R  
3509 HIGHWAY 17  
B  
ORANGE PARK, FL 32003 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:

01/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CLARKSON, CASSIE R  
Address: 1723 RUSTLING DR  
City-St-Zip: ORANGE PARK, FL 32003

Title: VP (X) Delete  
Name: GULLETT, CONSTANCE F  
Address: 929 LONGRIDGE CT  
City-St-Zip: ORANGE PARK, FL 320655755

Title: VP (X) Delete  
Name: GULLETT, JOHN H  
Address: 929 LONGRIDGE CT  
City-St-Zip: ORANGE PARK, FL 320655755

Title: SEC (X) Delete  
Name: GENTLE, CASEY R  
Address: 680 TIMBERMILL LANE  
City-St-Zip: ORANGE PARK, FL 32065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: CLARKSON, CASSIE R  
Address: 3132 LONGLEAF RANCH CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: CASSIE R. CLARKSON

PSD

01/29/2008

Electronic Signature of Signing Officer or Director

Date