

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018685

FILED
Feb 12, 2008
Secretary of State

Entity Name: LEGENDS LANE INSURANCE, INC.

Current Principal Place of Business:

4637 LEGENDS LN
ELKTON, FL 32033 US

New Principal Place of Business:

Current Mailing Address:

4637 LEGENDS LN
ELKTON, FL 32033 US

New Mailing Address:

FEI Number: 06-1768213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLO, COLIN M
4637 LEGENDS LN
ELKTON, FL 32033 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TILLO, COLIN M
Address: 4637 LEGENDS LN
City-St-Zip: ELKTON, FL 32033 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: TILLO, ANDREA F
Address: 4637 LEGENDS LN
City-St-Zip: ELKTON, FL 32033 US

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: COLIN TILLO

P

02/12/2008

Electronic Signature of Signing Officer or Director

_____ Date