

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018685

FILED
Feb 04, 2011
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

OFFICERS AND DIRECTORS:

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

Title: VP
Name: TILLO, ANDREA F
Address: 4637 LEGENDS LN
City-St-Zip: ELKTON, FL 32033 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: COLIN TILLO

P

02/04/2011

Electronic Signature of Signing Officer or Director

Date