2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

04-30-2007 90833 019 ***150.00

DOCUMENT # P06000087534

1. Entity Name
LEGACY PROCESS SERVICE, INC.

Principal Place of Business	Mailing Address
1000 DOUGLAS AVE. #94 ALTAMONTE SPRINGS, FL 32714	380 SOUTH ST.RD. 434 #1004-170 ALTAMONTE SPRINGS, FL 32714
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

00010000 FEI # not a social security # 20-5134816

01032007 Chg-P

4. FEI Number 205-13-4816 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALTON, HECTOR 818 RENAISSANCE POINTE, #302 ALTAMONTE SPRINGS, FL 32714	Name: Hector Walton Street Address (P.O. Box Number is Not Acceptable): 1000 Douglas Avenue #94 City: Altamonte Springs FL Zip Code: 32714

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE ____________ DATE 1/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WALTON, HOPE 818 RENAISSANCE POINTE, #302 ALTAMONTE SPRINGS, FL 32714	☐ Delete	DP Walton, Hope 1000 Douglas Avenue, #94 Altamonte Springs, FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALTON, HECTOR 818 RENAISSANCE POINTE, #302 ALTAMONTE SPRINGS, FL 32714	☐ Delete	V Walton, Hector 1000 Douglas Avenue, #94 Altamonte Springs, FL 32714	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hope Walton, DP 1/4/07 (407) 920-0535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #