

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002791

FILED
Apr 17, 2009
Secretary of State

Entity Name: LEGACY FAMILY CHRONICLES, INC.

Current Principal Place of Business:

35246 US HIGHWAY 19 N. #295
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

35246 US HIGHWAY 19 N. #295
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 20-8167786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAHAROPOULOS, STEVE
35246 US HWY 19 N #295
PALM HARBOR, FL 34684 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: DP () Delete
Name: HAYES, MARK A PSY D.
Address: 1210 MILLENNIUM PKWY, SUITE 1015
City-St-Zip: BRANDON, FL 33511

Title: DVP () Delete
Name: ZAHAROPOULOS, STEVE
Address: 35246 US HWY 19N, #295
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEVE ZAHAROPOULOS

DVP

04/17/2009

Electronic Signature of Signing Officer or Director

Date