

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044620

FILED
Apr 27, 2009
Secretary of State

Entity Name: LEGACY INSURANCE SERVICES, INC.

Current Principal Place of Business:

6700 S. FLORIDA AVENUE
SUITE 3
LAKELAND, FL 33813

New Principal Place of Business:

3431 HARBOUR BEACH DR.
LAKE WALES, FL 33859

Current Mailing Address:

P.O. BOX 655
BABSON PARK, FL 33827

New Mailing Address:

FEI Number: 26-2533111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERARD, CLARKE S
6700 S. FLORIDA AVENUE
SUITE 3
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

GERARD, CLARKE S
3431 HARBOUR BEACH DR.
LAKE WALES, FL 33859 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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GERARD, CLARKE S
Address: 6700 S. FLORIDA AVENUE, SUITE 3
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: GERARD, JONI W
Address: 6700 S. FLORIDA AVENUE, SUITE 3
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GERARD, CLARKE S
Address: 3431 HARBOUR BEACH DR.
City-St-Zip: LAKE WALES, FL 33859

Title: VP (X) Change () Addition
Name: GERARD, JONI W
Address: 3431 HARBOUR BEACH DR.
City-St-Zip: LAKE WALES, FL 33859

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: CLARKE S GERARD

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date