

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000021453

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** LEGACY III INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

11205 S DIXIE HIGHWAY  
PINECREST, FL 33156

**New Principal Place of Business:**

11205 S DIXIE HIGHWAY  
#101  
PINECREST, FL 33156

**Current Mailing Address:**

PO BOX 565896  
PINECREST, FL 33256

**New Mailing Address:**

11205 S DIXIE HIGHWAY  
#101  
PINECREST, FL 33156

**FEI Number:** 26-4376859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIRANDA, ANA I  
7470 SW 105TH TERRACE  
MIAMI, FL 33156 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:** D  
**Name:** MIRANDA, ANA I  
**Address:** 7470 SW 105TH TERRACE  
**City-St-Zip:** MIAMI, FL 33156

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:** ANA I MIRANDA

PRES

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date