

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000089032

FILED  
Jan 09, 2012  
Secretary of State

Entity Name: YOUR FLORIDA LEGAL PLAN, INC.

**Current Principal Place of Business:**

8845 CHAMBORE DRIVE  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

8845 CHAMBORE DRIVE  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

FEI Number: 27-1192619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 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: HIGGINS, MICHAEL J  
Address: 8845 CHAMBORE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP  
Name: HIGGINS, MICHAEL J  
Address: 8845 CHAMBORE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S  
Name: HIGGINS, MICHAEL J  
Address: 8845 CHAMBORE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: T  
Name: HIGGINS, MICHAEL J  
Address: 8845 CHAMBORE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256 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: MICHAEL J. HIGGINS

PRES

01/09/2012

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

\_\_\_\_\_ Date