## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PROTES NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 23, 2004 8:00 am Secretary of State **DOCUMENT # P96000078849** 1. Entity Name 02-23-2004 90053 005 \*\*\*150.00 LEGAL CONCEPTS, INC. Principal Place of Business Mailing Address 400 S. PALMETTO AVE. DAYTONA BCH FL 32114 400 S. PALMETTO AVE **GFCOODED** DAYTONA BCH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3403822 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITCHELL, JEROME D. -Street Address (P.O. Box Number is Not Acceptable) LEGAL CONCEPTS, INC 400 S. PALMETTO AVE DAYTONA BCH FL 32114 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CEOD TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIGGIO, ROBERT J NAME STREET ADDRESS 2 DAGGETTT CIRCLE STREET ADDRESS CITY-ST-ZIP PONCE INLET FL 32127 CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME MITCHELL, JEROME D NAME STREET ADDRESS 4082 CLOCK TOWER DRIVE STREET ADDRESS 32129 CITY-ST-ZIP PORT ORANGE FL 32119 CITY-ST-ZIP TITLE ☐ Delete TITLE NÂME MONDLAK, CAROLE A NAME Port Orange, FL 32129 STREET ADDRESS 1273 AVIENDA DEL TORO STREET ADDRESS CJTY-ST-ZIP DAYTONA BCH FL 32119 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED