

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000078849



1. Entity Name

LEGAL CONCEPTS, INC.

Principal Place of Business

400 S. PALMETTO AVE.
DAYTONA BCH FL 32114
US

Mailing Address

400 S. PALMETTO AVE
DAYTONA BCH FL 32114
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3403822**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JEROME D.
LEGAL CONCEPTS, INC
400 S. PALMETTO AVE
DAYTONA BCH FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

1/29/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CEOD
RIGGIO, ROBERT J
2 DAGGETT CIRCLE
PONCE INLET FL 32127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
MITCHELL, JEROME D
4082 CLOCK TOWER DRIVE
PORT ORANGE FL 32129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VTSD
MONDLAK, CAROLE A
P.O. BOX 291805
PORT ORANGE FL 32129-1805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U00000612307
02/02/07-80096-015 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome D. Mitchell *1/29/06* *385-252-3004*

Date

Daytime Phone #