

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P98000082429**

1. Entity Name  
**LEGAL EZ & ASSOCIATES, INC.**



Principal Place of Business  
**1356 ST HEBRON ROAD  
QUINCY, FL 32352-0351**

Mailing Address  
**P.O. BOX 547  
QUINCY, FL 32353**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

**FILED**  
**04 APR 30 PM 1:01**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



04302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3533532**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHAW, SHELANDA  
1356 ST HEBRON ROAD  
QUINCY, FL 32352-0351**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHAW, SHELANDA M 1356 ST HEBRON ROAD QUINCY, FL 323520351</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600036058748 05/11/04--01052--021 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**SIGNATURE** Shelanda Shaw **4/30/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #