

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000039855

1. Entity Name
LEGAL PROCESS AND SERVICES, INC.



Principal Place of Business
100 WALLACE AVE STE 260
SARASOTA, FL 34237

Mailing Address
100 WALLACE AVE STE 260
SARASOTA, FL 34237

FILED
Apr 27, 2006 08:00 AM
Secretary of State



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0916849

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NYDICK, HELEN
100 WALLACE AVE STE 260
SARASOTA, FL 34237

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NYDICK, HELEN
1894 BRIAR CREEK PLACE
SARASOTA, FL 34235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FELICIANO, LORI
1894 BRIAR CREEK PLACE
SARASOTA, FL 34235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000539791
05/09/06-80115-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4/25/06