


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90085 039 \*\*\*150.00

**DOCUMENT # P99000068630**  
 1. Entity Name  
**LEGAL AGE SYSTEMS, INC.**



Principal Place of Business Mailing Address  
 5135 ADANSON STREET 5135 ADANSON STREET  
 SUITE 200 SUITE 200  
 ORLANDO, FL 32804 ORLANDO, FL 32804

2. Principal Place of Business Suite, Apt. #, etc.  
**SUITE 300**

3. Mailing Address Suite, Apt. #, etc.  
**SUITE 300**

City & State Zip Country City & State Zip Country

01162004 Chg-P CR2E034 (10/03)  
 4. FEI Number 59-3590226 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GOLODETZ, EDWARD**  
**5135 ADANSON STREET # 200**  
**ORLANDO, FL 32804**

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]* 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GOLODETZ, EDWARD M	
STREET ADDRESS	5135 ADANSON STREET	
CITY - ST - ZIP	ORLANDO, FL 32804	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	GOLODETZ, DEBORAH	
STREET ADDRESS	5135 ADANSON STREET	
CITY - ST - ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

**SIGNATURE:** *[Signature]* **EDWARD GOLODETZ** **1/16/04** **407-628-2700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #