

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K83523

**Entity Name:** EGAL OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

690 ENTERPRISE RD.  
OSTEEN, FL 32764

**FILED**  
**Mar 31, 2017**  
**Secretary of State**  
**CC5382900433**

**Current Mailing Address:**

P.O. BOX 4014  
ENTERPRISE, FL 32725

**FEI Number: 59-2947098**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BURNS, ROBERT W.  
1900 E. ROBINSON AVE.  
ORLANDO, FL 32803 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES	Title	VP
Name	BURNS, ROBERT W.	Name	BURNS, LAURA K.
Address	690 ENTERPRISE RD.	Address	690 ENTERPRISE RD.
City-State-Zip:	OSTEEN FL 32764	City-State-Zip:	OSTEEN FL 32764

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT W. BURNS**

**PRES**

**03/31/2017**

Electronic Signature of Signing Officer/Director Detail

Date