

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132185

Entity Name: LEGENDS PLUMBING, INC.

Current Principal Place of Business:

9401 SUN ISLE DR. NE
ST PETERSBURG, FL 33702

Current Mailing Address:

9401 SUN ISLE DR. NE
ST PETERSBURG, FL 33702 US

FEI Number: 55-0852344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MICHALOVE, LOUIS
9401 SUN ISLE DR. NE
ST PETERSBURG, FL 33702 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: LOUIS MICHALOVE

04/13/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MICHALOVE, LOUIS
Address 9401 SUN ISLE DR. NE
City-State-Zip: ST PETERSBURG FL 33702

Title PRESIDENT
Name MICHALOVE, TONI LD
Address 9401 SUN ISLE DR. NE
City-State-Zip: ST PETERSBURG FL 33702

Title COO
Name STONE, MICHAEL W
Address 9401 SUN ISLE DR. NE
City-State-Zip: ST PETERSBURG FL 33702

Title OFFICER
Name STONE, KERRY
Address 9401 SUN ISLE DR. NE
City-State-Zip: ST PETERSBURG FL 33702

Title OFFICER
Name REESE JR., STEVE
Address 9401 SUN ISLE DR. NE
City-State-Zip: ST PETERSBURG FL 33702

Title SECRETARY
Name RICE, BRENDA L
Address 9401 SUN ISLE DR. NE
City-State-Zip: ST PETERSBURG FL 33702

Title OFFICER
Name RICE, GREG W
Address 9401 SUN ISLE DR. NE
City-State-Zip: ST PETERSBURG FL 33702

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: LOUIS MICHALOVE

DIRECTOR

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date