

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132185

Entity Name: LEGENDS PLUMBING, INC.**Current Principal Place of Business:**222 87 AVE NE
ST PETERSBURG, FL 33702**Current Mailing Address:**222 87 AVE NE
ST PETERSBURG, FL 33702**FEI Number:** 55-0852344**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MICHALOVE, LOUIS PD
222 87 AVE 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	MICHALOVE, LOUIS
Address	222 87 AVE NE
City-State-Zip:	ST PETERSBURG FL 33702

Title	SECRETARY
Name	STONE, MICHAEL
Address	222 87 AVE NE
City-State-Zip:	ST PETERSBURG FL 33702

Title	V
Name	MICHALOVE, RICHARD LMR
Address	66252 OXFORD RD.
City-State-Zip:	PINELLAS PARK FL 33782

Title	OFFICER
Name	O'DRISCOLL, CLIFFORD MARK
Address	222 87 AVE 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**PRESIDENT****02/17/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date