

**2024 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**

**03/14/2024**

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 DAUGHTRY, BILLY GENE  
Address 9401 SUN ISLE DR. NE  
City-State-Zip: ST PETERSBURG FL 33702

Title OFFICER  
Name WATSON, ROBERT  
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**

**D**

**03/14/2024**

Electronic Signature of Signing Officer/Director Detail

Date