

**2015 FLORIDA PROFIT CORPORATION AMENDED 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 V  
Name MICHALOVE, RICHARD LMR  
Address 66252 OXFORD RD.  
City-State-Zip: PINELLAS PARK FL 33782

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

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**

**D**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date