

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24000077135

Entity Name: LEGACY FIVE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2889 NW 63RD STREET
OCALA, FL 34475

Current Mailing Address:

PO BOX 267
LOWELL, FL 32663 US

FEI Number: 33-4593402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, TARRAH
18313 S CR 325
HAWTHORNE, FL 32640 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 P
Name WALKER, TARRAH
Address 18313 S CR 325
City-State-Zip: HAWTHORNE FL 32640

Title D
Name WALKER, ARTHUR
Address 21847 NW 150TH AVE. RD.
City-State-Zip: MICANOPY FL 32667

Title D
Name WALKER, STEPHEN
Address 5075 NE 60TH TERRACE
City-State-Zip: SILVER SPRINGS FL 34488

Title D
Name WALKER, TIMOTHY
Address 1806 NE 177TH PLACE
City-State-Zip: CITRA FL 32113

Title S
Name WALKER, HELEN
Address 21847 NW 150TH AVE. RD.
City-State-Zip: MICANOPY FL 32667

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: TARRAH WALKER

MEMBER

04/24/2025

Electronic Signature of Signing Officer/Director Detail

Date