# 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.

PRESIDENT

# SIGNATURE: R J UNKEFER

Electronic Signature of Signing Officer/Director Detail

# 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000016912

# Entity Name: LEGACY BUILDERS OF NORTH FLORIDA, INC.

# **Current Principal Place of Business:**

9957 MOORINGS DR SUITE 504 JACKSONVILLE, FL 32257

#### **Current Mailing Address:**

9957 MOORINGS DR SUITE 504 JACKSONVILLE, FL 32257 US

#### FEI Number: 59-3429018

## Name and Address of Current Registered Agent:

UNKEFER, R J 9957 MOORINGS DR SUITE 504 JACKSONVILLE, FL 32257 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

#### **Officer/Director Detail :**

Title	PSTD
Name	UNKEFER, R J
Address	3065 BISHOP ESTATES RD
City-State-Zip:	ST JOHNS FL 32259

Mar 11, 2024 Secretary of State 7141250234CC

FILED

Certificate of Status Desired: No

Date

03/11/2024

Date