

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007084

**Entity Name:** LEGACY ASSURANCE PLAN OF AMERICA, INC.

**Current Principal Place of Business:**

8725 PENDERY PLACE  
SUITE 104  
UNIVERSITY PARK, FL 34201

**Current Mailing Address:**

8725 PENDERY PLACE  
SUITE 104  
UNIVERSITY PARK, FL 34201 US

**FEI Number: 35-1817511**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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            SECRETARY  
Name            BOYLES, JAMES K  
Address        8725 PENDERY PLACE  
                 SUITE 104  
City-State-Zip: UNIVERSITY PARK FL 34201

Title            PRESIDENT  
Name            BOYLES, JAMES K  
Address        8725 PENDERY PLACE  
                 SUITE 104  
City-State-Zip: UNIVERSITY PARK FL 34201

Title            VP  
Name            BOYLES, JAMES K  
Address        8725 PENDERY PLACE  
                 SUITE 104  
City-State-Zip: UNIVERSITY PARK FL 34201

Title            DIRECTOR  
Name            BOYLES, JAMES K  
Address        8725 PENDERY PLACE  
                 SUITE 104  
City-State-Zip: UNIVERSITY PARK FL 34201

Title            ASST. SECRETARY  
Name            MCINERNEY, DAVID M  
Address        8725 PENDERY PLACE  
                 SUITE 104  
City-State-Zip: UNIVERSITY PARK FL 34201

*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: DAVID M MCINERNEY**

**ASST SEC**

**04/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date