

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007084

Entity Name: LEGACY ASSURANCE PLAN OF AMERICA, INC.

Current Principal Place of Business:

8039 COOPER CREEK BLVD
SUITE 101
UNIVERSITY PARK, FL 34201

Current Mailing Address:

8039 COOPER CREEK BLVD
SUITE 101
UNIVERSITY PARK, FL 34201 US

FEI Number: 35-1817511

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 8039 COOPER CREEK BLVD
 SUITE 101
City-State-Zip: UNIVERSITY PARK FL 34201

Title PRESIDENT
Name BOYLES, JAMES K
Address 8039 COOPER CREEK BLVD
 SUITE 101
City-State-Zip: UNIVERSITY PARK FL 34201

Title VP
Name BOYLES, JAMES K
Address 8039 COOPER CREEK BLVD
 SUITE 101
City-State-Zip: UNIVERSITY PARK FL 34201

Title DIRECTOR
Name BOYLES, JAMES K
Address 8039 COOPER CREEK BLVD
 SUITE 101
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: JAMES K BOYLES

SECRETARY

06/09/2020

Electronic Signature of Signing Officer/Director Detail

Date