

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000047957

**Entity Name:** LEGALINC CORPORATE SERVICES INC.

**Current Principal Place of Business:**

476 RIVERSIDE AVE  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

10601 CLARENCE DR.  
STE. 250  
FRISCO, TX 75033 US

**FEI Number:** 45-3566742

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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            PRESIDENT, TREASURER, DIRECTOR  
Name            WATSON, NOEL  
Address        954 VILLA STREET  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title            SECRETARY, DIRECTOR  
Name            MILLER, NICOLE  
Address        954 VILLA STREET  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title            CEO  
Name            WERNIKOFF , DAN  
Address        954 VILLA STREET  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title            DIRECTOR  
Name            PREECE , RICHARD  
Address        954 VILLA STREET  
City-State-Zip: MOUNTAIN VIEW CA 94041

*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:** NICOLE MILLER

**SECRETARY**

**04/01/2024**

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

\_\_\_\_\_  
Date