

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092679

FILED
Apr 24, 2007
Secretary of State

Entity Name: LEGEND CUSTOM BUILDERS, INC.

Current Principal Place of Business:

14 DEL PARDO BLVD NORTH
#201
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

14 DEL PARDO BLVD NORTH
#201
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-1044948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINER, STEVEN I
2320 FIRST ST, STE 1000
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DAVIS, CHARLES
Address: 3755 EAST 82ND ST
City-St-Zip: INDIANAPOLIS, IN 46240

Title: VP () Delete
Name: TAYLOR, STEVEN BEAU
Address: 12370 EAGLES NEST DR
City-St-Zip: BOKEELIA, FL 33922

Title: SECT () Delete
Name: COGGINS, KAREN
Address: 1217 SE 23RD AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: AS () Delete
Name: HARDING, DEE
Address: 6881 PRINCESS
City-St-Zip: AVON, IN 46123

Title: VP () Delete
Name: COGGINS, KAREN Y
Address: 1217 SE 23RD AVE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: TAYLOR, STEVEN BEAU
Address: 12370 EAGLES NEST DR
City-St-Zip: BOKEELIA, FL 33922

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN COGGINS

VP

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date