

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092679

FILED
Feb 22, 2008
Secretary of State

Entity Name: LEGEND CUSTOM BUILDERS, INC.

Current Principal Place of Business:

5796 SANDAL LANE
BOKEELIA, FL 33922

New Principal Place of Business:

1429 COLONIAL BLVD
SUITE 201
FORT MYERS, FL 33907 US

Current Mailing Address:

PO BOX 151266
CAPE CORAL, FL 33915

New Mailing Address:

1429 COLONIAL BLVD
SUITE 201
FORT MYERS, FL 33907 US

FEI Number: 65-1044948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FORRESTER HART BELISLE & WHITAKER PL
1429 COLONIAL BLVD
SUITE 201
FORT MYERS, FL 33907 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: ERIC BELISLE

02/22/2008

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: SVP (X) Delete
Name: TAYLOR, STEVEN BEAU
Address: 5796 SANDAL LANE
City-St-Zip: BOKEELIA, FL 33922

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

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 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: CHARLES DAVIS

P

02/22/2008

Electronic Signature of Signing Officer or Director

Date