


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000073489  
 1. Entity Name  
 LEGACY TRUST COMPANY



Principal Place of Business: 822 N HWY A1A, STE 101, PONTE VEDRA BEACH, FL 32082  
 Mailing Address: 822 N HWY A1A, STE 101, PONTE VEDRA BEACH, FL 32082



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-2027993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1101000315922  
 04/19/05-80054-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEALEXANDRIS, ROBERT A 20 SCOTTS NECK SHELDON, SC 29941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HUANG, LAWRENCE P 1039 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUHLAN, RODNEY A 831 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, DAVID F JR 460 CONWAY MANOR DR ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, RONALD J 205 SEA ISLAND DRIVE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCLAUHLAN, KRISTIN D 831 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kristin D Mclaughlan*

4-18-05 (904) 280-9100