

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90034 025 \*\*\*150.00

**DOCUMENT # 324922**

1. Entity Name

LEGUS CORPORATION



Principal Place of Business

4221 BRISTLE CONE WAY  
PORT ORANGE FL 32129  
US

Mailing Address

4221 BRISTLE CONE WAY  
PORT ORANGE FL 32129  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1199926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLD, DAVID J  
19115 BEL AIRE DR  
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Gold, David J

Street Address (P.O. Box Number is Not Acceptable)

4221 Bristle Cone Way

City

Port Orange

FL

Zip Code

32129

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 *David J. Gold* President

3-17-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLD, DAVID	
STREET ADDRESS	19115 BELAIRE DRIVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLD, MICHAEL	
STREET ADDRESS	4907 LESTER ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLD, SIGRID	
STREET ADDRESS	19115 BEL AIRE DRIVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, David	
STREET ADDRESS	4221 Bristle Cone Way	
CITY-ST-ZIP	Port Orange, FL 32129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gold, Sigrid	
STREET ADDRESS	4221 Bristle Cone Way	
CITY-ST-ZIP	Port Orange, FL 32129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David J. Gold* David J. Gold President 3-17-05 386-760-0546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #