2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

## **Secretary of State DOCUMENT # 324922** 02-02-2006 90081 021 \*\*\*150.00 1. Entity Name LEGUS CORPORATION Principal Place of Business Maifing Address 4221 BRISTLE CONE WAY PORT ORANGE FL 32129 4221 BRISTLE CONE WAY PORT ORANGE FL 32129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1199926 Not Applicable Zin. Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 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** PORT ORANGE FL 32129 City 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 Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent aignature restured when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ۱۱. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HRF PO Delete BILE ☐ Change ■ Addition NAME GOLD, DAVID NAME STREET ADDRESS 4221 BRISTLE CONE WAY STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32129 CITY-ST-ZIP TITLE TD ☐ Delete ☐ Change ☐ Addition NAME GOLD, MICHAEL NAME STREET ADORESS 4907 LESTER ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32317 CITY-ST-ZIP TITLE Delete . TITLE Change Addition NAME GOLD, SIGRID STREET ADDRESS STREET ADDRESS 4221 BRISTLE CONE WAY CITY-ST-ZP PORT-ORANGE FL 32129 CITY-ST-ZIP MILE ☐ Detete TITLE ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 appdress, with all other tike effipowered. 2-20-06 386-76**0**-0506

FILED

Feb 23, 2006 8:00 am



February 6, 2006

LEGUS CORPORATION 4221 BRISTLE CONE WAY PORT ORANGE, FL 32129 US

Subject: LEGUS CORPORATION

Reference Number:

324922

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION