

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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**



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1199926

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GOLD, DAVID J
4221 BRISTLE CONE WAY
PORT ORANGE, FL 32129**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLD, DAVID
STREET ADDRESS 4221 BRISTLE CONE WAY
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE TD
NAME GOLD, MICHAEL
STREET ADDRESS 4907 LESTER ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE VP
NAME GOLD, SIGRID
STREET ADDRESS 4221 BRISTLE CONE WAY
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000711989
04/26/07-80027-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David J. Gold **David J. Gold** PD 4-12-07 386-760-0500