

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007399

FILED  
Feb 03, 2006  
Secretary of State

**Entity Name:** LEGACY MANAGEMENT PARTNERS OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

400 N. ASHLEY DRIVE #1900  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

400 N. ASHLEY DRIVE #1900  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 41-2190298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

VON HORN, BRENT N  
400 N. ASHLEY DRIVE  
SUITE 1900  
TAMPA, FL 33602 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: BRENT N. VON HORN

02/03/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FORSBERG, WILLIAM  
Address: 400 N. ASHLEY DRIVE #1900  
City-St-Zip: TAMPA, FL 33602

Title: ST ( ) Delete  
Name: VON HORN, BRENT N  
Address: 400 N. ASHLEY DRIVE #1900  
City-St-Zip: TAMPA, FL 33602

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: FORSBERG, WILLIAM  
Address: 400 N. ASHLEY DRIVE #1900  
City-St-Zip: TAMPA, FL 33602

Title: S/T (X) Change ( ) Addition  
Name: VON HORN, BRENT N  
Address: 400 N. ASHLEY DRIVE #1900  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Change (X) Addition  
Name: HORN, ROBERT G  
Address: 400 N. ASHLEY DRIVE, SUITE 1900  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Change (X) Addition  
Name: TIDWELL, STEVEN A  
Address: 400 N. ASHLEY DRIVE, SUITE 1900  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENT N. VON HORN

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02/03/2006

Electronic Signature of Signing Officer or Director

Date