

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K12421

Entity Name
LEGACY FINANCIAL, INC.



Principal Place of Business

**8139 REVELS RD.
RIVERVIEW, FL 33569**

Mailing Address

**8139 REVELS RD.
RIVERVIEW, FL 33569**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2864815

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAZUR, THOMAS J.
8139 REVELS RD.
RIVERVIEW, FL 33569**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000450746
03/10/06-80017-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAZUR, THOMAS J.
STREET ADDRESS	8139 REVELS RD.
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	S
NAME	MAZUR, THOMAS J.
STREET ADDRESS	8139 REVELS RD.
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS J. MAZUR 2-22-06 (813) 677-0845