

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004774

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: THE LEGACY III, INC.

**Current Principal Place of Business:**

PO BOX 333  
BRADENTON BEACH, FL 34217

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 333  
BRADENTON BEACH, FL 34217

**New Mailing Address:**

FEI Number: 65-1044958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, EMILY A  
300 BAY DR SOUTH  
BRADENTON BEACH, FL 34217 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, EMILY A  
Address: 300 BAY DRIVE SOUTH  
City-St-Zip: BRADENTON BEACH, FL 34217

Title: VD ( ) Delete  
Name: CHAPPIE, JOHN  
Address: 108A 12TH ST SOUTH  
City-St-Zip: BRADENTON BEACH, FL 34217

Title: TSD ( ) Delete  
Name: BESSONETTE, LEEANN  
Address: 300 BAY DRIVE SOUTH  
City-St-Zip: BRADENTON BEACH, FL 34217

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TSD (X) Change ( ) Addition  
Name: BESSONETTE, LEA ANN  
Address: 300 BAY DRIVE SOUTH  
City-St-Zip: BRADENTON BEACH, FL 34217

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEA ANN BESSONETTE

TSD

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date