

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000018

FILED
Apr 25, 2007
Secretary of State

Entity Name: LEGACY TRANSPORT SERVICES, INC.

Current Principal Place of Business:

C/O JUAN M. & BETSY A. PAREDES
2288 CHARDONNAY COURT
WEST KISSIMMEE, FL 34741

New Principal Place of Business:

C/O JUAN M. & BETSY A. PAREDES
2019 JOANS TERRACE
KISSIMMEE, FL 34741

Current Mailing Address:

C/O JUAN M. & BETSY A. PAREDES
2288 CHARDONNAY COURT
WEST KISSIMMEE, FL 34741

New Mailing Address:

C/O JUAN M. & BETSY A. PAREDES
2019 JOANS TERRACE
KISSIMMEE, FL 34741

FEI Number: 76-0846115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAREDES, JUAN M
2288 CHARDONNAY COURT WEST
WEST KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

PAREDES, JUAN M
2019 JOANS TERRACE
KISSIMMEE, FL 34741 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:

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAREDES, JUAN M
Address: 2288 CHARDONNAY COURT WEST
City-St-Zip: KISSIMMEE, FL 34741

Title: V () Delete
Name: PAREDES, BETSY A
Address: 2288 CHARDONNAY COURT WEST
City-St-Zip: KISSIMMEE, FL 34741

Title: ST () Delete
Name: PAREDES, BETSY A
Address: 2288 CHARDONNAY COURT WEST
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAREDES, JUAN M
Address: 2019 JOANS TERRACE
City-St-Zip: KISSIMMEE, FL 34741

Title: V (X) Change () Addition
Name: PAREDES, BETSY A
Address: 2019 JOANS TERRACE
City-St-Zip: KISSIMMEE, FL 34741

Title: ST (X) Change () Addition
Name: ORTIZ, TRINA
Address: 1701 OSCEOLA PARK DRIVE
City-St-Zip: KISSIMMEE, FL 34741

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

SIGNATURE: BETSY A. PAREDES

V

04/25/2007

Electronic Signature of Signing Officer or Director

Date