

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000018

FILED  
Feb 13, 2008  
Secretary of State

Entity Name: LEGACY TRANSPORT SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

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

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

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

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

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

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

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

Title: VOCA ( ) Change (X) Addition  
Name: DE JESUS, EDWIN  
Address: 187 FIESTA DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

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

VP

02/13/2008

Electronic Signature of Signing Officer or Director

Date