## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000092679

HARDING, DÈÉ

6881 PRINCESS

AVON, IN 46123

Name:

Address:

City-St-Zip:

Entity Name: LEGEND CUSTOM BUILDERS, INC.

FILED Jan 25, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14 DEL PA #201	ARDO BLVD NO	ORTH			
	RAL, FL 33909				
Current Mailing Address:			New Mailing Address:		
14 DEL PARDO BLVD NORTH #201 CAPE CORAL, FL 33909					
	: 65-1044948	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
WINER, S 2320 FIRS FORT MY	TEVEN I ST ST,STE 1000 ERS, FL 33901	) US			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PT () DAVIS, CHARLE 3755 EAST 82N INDIANAPOLIS,	D ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS () DAVIS, CHARLE 3755 EAST 82N INDIANAPOLIS,	D ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SECT () COGGINS, KAR 1217 SE 23RD ( CAPE CORAL, I	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	AS ()	Delete	Title:	( ) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN COGGINS SECT 01/25/2005