

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90216 011 ***150.00

40106640



DOCUMENT # P01000085598 1. Entity Name CITY OF LEGENDS, INC.					
Principal Place of Business 1101 CITRUS TOWER BLVD @NTC SPORTS MEDICINE INSTITUTE CLERMONT, FL 34711			Mailing Address 1101 CITRUS TOWER BLVD @ NTC SPORTS MEDICINE INSTITUTE CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 71-0864382				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCDOWELL, SAMUEL E 1101 CITRUS TOWER BLVD @NTC SPORTS MEDICINE INSTITUTE CLERMONT, FL 34711			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDOWELL, SAMUEL E 1101 CITRUS TOWER BLVD CLERMONT, FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other life empowered.					
SIGNATURE:			Date 5/27/08 Daytime Phone # 352-243-0343		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT

40106640

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Tuesday, May 27, 2008

RE: City of Legends Annual Report # P01000085598

Dear Sir or Madam:

Please accept these re-submitted Annual Report forms fulfilling our renewal obligation.

We spoke with one of the Corporate Filings Representatives a couple of weeks ago prior to sending in these online forms as I hadn't received the normal "renewal reminder cards" we usually receive. The Representative acknowledged this and I was instructed to send in the 3 forms with payment immediately to avoid the late fee assessment. I did so that day.

We received over this past weekend 3 letters stating that our 3 Annual Reports were received but were on the wrong forms and could not be processed. Included were our original checks. We immediately called the State Department for instruction and were informed that we can't use online payment forms when we are mailing in a check for payment. The proper forms were included with these 3 notices and we will now re-submit our 3 Annual Reports on the proper forms along with the original checks since they were not processed.

Thank you for your help and assistance in getting our Annual Reports processed.

Sincerely,

Sam McDowell, President
City of Legends, Inc.