

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000120313

1. Entity Name
LEGEND YACHTS OF AMERICA, INC.



Principal Place of Business
2851 CYPRESS CREEK RD.
FORT LAUDERDALE, FL 33309

Mailing Address
2851 CYPRESS CREEK RD.
FORT LAUDERDALE, FL 33309



02142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3621623

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPPADONNA, RICHARD
2851 CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

000000127877
04/28/04-80015-017 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAPPADONA, RICHARD R
STREET ADDRESS 2851 CYPRESS CREEK RD.
CITY - ST - ZIP FORT LAUDERDALE, FL 33309

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Cappadonna 4/15/04 954 9733900
Date Daytime Phone #