


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000019236 1. Entity Name LEGACY BUILDING SYSTEMS, INC.	
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Principal Place of Business 1001 CARNATION DRIVE SEBASTIAN, FL 32958	Mailing Address 1001 CARNATION DRIVE SEBASTIAN, FL 32958
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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3648746	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GALLAGHER, WILLIAM G 1001 CARNATION DR SEBASTIAN, FL 32958
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GALLAGHER, CHARLOTTE K 1001 CARNATION DR SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GALLAGHER, WILLIAM G 1001 CARNATION DR SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/24/05-80107-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE: William Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2005 772-589-6411
Date Daytime Phone #

WILLIAM GALLAGHER