2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000059055

Entity Name

LEGEND DEVELOPMENT GROUP, INC.



FILED Apr 28, 2004 08:00 AM Secretary of State

Principal Place of Business

135 PROFESSIONAL DRIVE

SUTIE 101

PONTE VEDRA BEACH, FL 32082

Mailing Address

135 PROFESSIONAL DRIVE

SUTIE 101

PONTE VEDRA BEACH, FL 32082



04272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 75-3074740

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BARTLETT & DEAL, P.A. 135 PROFESSIONAL DRIVE SUTIE 101 PONTE VEDRA BEACH, FL 32082

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A				e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees	U00000136661 04/28/04-80097-004 150.00
10.	OFFICERS AND DIREC	TORS		······································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BARTLETT, BARON L 135 PROFESSIONAL DRIVE SUITE 10 PONTE VEDRA BEACH, FL 32082	01			
TITLE NAME STREET ADDRESS CITY \$1-ZIP					
TITLE NATE STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 eath; 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 aggress, with all one; the empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

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