2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-01-2005 90073 049 ***150.00
APPROVED
P02000118737
AND
FILED

05 MAR 24 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118737

1. Entity Name
LEGENDS GUITARS, INC.

Principal Place of Business	Mailing Address
3108 CENTRAL DR. PLANT CITY, FL 33566	3108 CENTRAL DR. PLANT CITY, FL 33566

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01202005 Chg-P CR2E034 (10/03) MRD

4. FEI Number 42-1557614 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARREJA, MINDY L ESQ. ~~220 SOUTH FRANKLIN ST.~~ ~~TAMPA, FL 33602~~	Name: MINDY L. CARREJA Street Address (P.O. Box Number is Not Acceptable): 101 E. KENNEDY BLVD STE 3000 City: TAMPA FL Zip Code: 33602

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: Mindy L Carreja MINDY L. CARREJA 2-22-05
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PATTERSON, SAMUEL J 2217 VALRICO FOREST DR VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	APPROVED AND FILED	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SOVENBERG, M K 12912 RAIN FOREST ST TEMPLE TERRACE, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	05 MAR 24 PM 2:37	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MORNINGSTAR, G R 2902 BARRET AVE PLANT CITY, FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY OF STATE TALLAHASSEE, FLORIDA	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: GR MORNINGSTAR 1/31/05 (813) 359-1200 x233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #