

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124143

FILED
Apr 21, 2010
Secretary of State

Entity Name: LEGENDARY CARDHOLDER SERVICES, INC.

Current Principal Place of Business:

4100 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

4100 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 56-2304172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
50 NORTH LAURA STREET
2900
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD
Name: BOS, PETER H JR.
Address: 4100 LEGENDARY DR., STE. 200
City-St-Zip: DESTIN, FL 32541 US

Title: V
Name: LEWIS, JOHN W
Address: 4100 LEGENDARY DR., STE. 200
City-St-Zip: DESTIN, FL 32541 US

Title: V
Name: CRAUL, BRUCE
Address: 4100 LEGENDARY DR., STE. 200
City-St-Zip: DESTIN, FL 32541 US

Title: S
Name: PARKER, WENDY
Address: 4100 LEGENDARY DR., STE. 200
City-St-Zip: DESTIN, FL 32541

Title: VT
Name: BUSFIELD, DAVID
Address: 4100 LEGENDARY DR 200
City-St-Zip: DESTIN, FL 32541 US

Title: V
Name: LEGLER, MITCHELL W
Address: 50 NORTH LAURA ST 2399
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WENDY PARKER

S

04/21/2010

Electronic Signature of Signing Officer or Director

Date