

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000000007

1. Entity Name
LEGACY REAL ESTATE CO.



Principal Place of Business
**704 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953**

Mailing Address
**704 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953**

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
05-0553280

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATRICIA A. GROZA
1417 SW OSPREY COVE
PORT ST. LUCIE, FL 34986**

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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 Agent signature required when reinstating) DATE

**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**

000000129109
04/26/04-800054-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HUFFMAN, JAY
STREET ADDRESS	P.O. BOX 1015
CITY- ST- ZIP	OKEECHOBEE, FL 34973
TITLE	PD
NAME	GROZA, PATRICIA A
STREET ADDRESS	1417 S.W. OSPREY COVE
CITY- ST- ZIP	PORT ST. LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/21/04** Daytime Phone # **7723367653**