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## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000033754

1. Entity Name

LEGÉND'S BARBEQUE SERVICE, INC.



FILED Feb 24, 2006 08:00 AM Secretary of State

Principal Place of Business

10635 S.E. 101ST CT. BELLEVIEW, FL 34420 Mailing Address

P.O. BOX 409 CANDLER, FL 32111



DO NOT WRITE IN THIS SPACE

02032006 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0561319 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOWNLEY, TIMOTHY J 10635 S.E. 101ST CT. BELLEVIEW, FL 34420

## DO NOT WRITE IN THIS SPACE

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the obligat	ons of registered agent.	e purpose of changing its registered	office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	utte if applicable. (NOTE: Registered	ngent signatur	s required when reinstating)	DATE
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DFFICERS AND DIF P TOWNLEY, TIM 10635 SE 101ST CT. BELLEVIEW, FL 34420	RECTORS			სნსმენ446956 ნ3758756-86535-996 150. <b>9</b> 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	NOT WRITE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OFFICING OFFICER OR DIRECTOR

2.21.06

(352)-8/6-0076

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