



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90057 044 ***150.00

DOCUMENT # P03000040271					
1. Entity Name LEGACY TRUCKING INC.					
Principal Place of Business 8690 PRITCHARD RD. JACKSONVILLE, FL 32219			Mailing Address 8690 PRITCHARD RD. JACKSONVILLE, FL 32219		
54029357					
					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02042004 Chg-P CR2E034 (10/03)	
4. FEI Number 36-4528097				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351-0000			Name <u>Rhonda Terrell</u> Street Address (P.O. Box Number is Not Acceptable) <u>8690 Pritchard Rd</u> City <u>Jacksonville</u> FL Zip Code <u>32219</u>		
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 <u>Rhonda Terrell</u> <u>President</u>			DATE <u>2/10/04</u>		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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 TERRELL, RONDA 8690 PRITCHARD RD. JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VARNUM, MIKE D 8690 PRITCHARD RD. JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Rhonda Terrell</u> <u>Rhonda Terrell</u>			Date <u>2-10-04</u>		Daytime Phone # <u>378-1042</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					