

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058575

Entity Name: BLUE LEGACY, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

ATTN: NED MCLEOD
284 PARK AVENUE N.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

ATTN: NED MCLEOD
284 PARK AVENUE N.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, W. EDWARD
284 PARK AVENUE N.
WINTER PARK, FL 32789

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: D () Delete
Name: COUSTEAU, ALEXANDRA
Address: C/O NED MCLEOD P. O. BOX 917412
City-St-Zip: LONGWOOD, FL 327917412

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COUSTEAU, ALEXANDRA
Address: C/O NED MCLEOD P. O. BOX 917412
City-St-Zip: LONGWOOD, FL 327917412

Title: VP () Change (X) Addition
Name: MCLEOD, NED
Address: P.O BOX 917412
City-St-Zip: LONGWOOD, FL 327917412

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NED MCLEOD

VP

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date