

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069640

FILED
Jun 02, 2004
Secretary of State

Entity Name: LEGACY ONE MORTGAGES AND INVESTMENTS, INC.

Current Principal Place of Business:

8010 NORTH ATLANTIC AVENUE
UNIT 9
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

8010 NORTH ATLANTIC AVENUE
UNIT 9
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 43-2026049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DAVID P
784 BAYSIDE DR.
CAPE CANAVERAL, FL 32920 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, DAVID P
Address: 784 BAYSIDE DR.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: ANDERSON, HANS P
Address: 210 PIERCE AVE., APT. A
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: ERASO, IGANCIO
Address: 315 THREE OAKS DR.
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID JOHNSON

D

06/02/2004

Electronic Signature of Signing Officer or Director

Date