

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000079930

1. Entity Name  
LEGACY YACHT PROVISIONS, INC.



Principal Place of Business  
3500 45TH STREET  
SUITE #18  
WEST PALM BEACH, FL 33407

Mailing Address  
3500 45TH ST  
SUITE #18  
WEST PALM BEACH, FL 33407 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**

04-27-2006 90149 032 \*\*\*150.00



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	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

KING, JUDITH E  
8386 7TH PLACE SOUTH  
WEST PALM BEACH, FL 33411

**DO NOT WRITE  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing...  
Trust Fund Contribution.

**\$5.00** May Be-  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME TURDO, VALORIE M  
STREET ADDRESS 3500 45TH ST., #18  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE VD  
NAME TURDO, MICHAEL J  
STREET ADDRESS 3500 45TH ST., #18  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

Date

Daytime Phone #