

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000085061

1. Entity Name  
LEGENDS & MORE, INC.



Principal Place of Business  
4944 NW 116TH AVE. PARK PLACE  
CORAL SPRINGS, FL 33076

Mailing Address  
4944 NW 116TH AVE. PARK PLACE  
CORAL SPRINGS, FL 33076



05292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-0479376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEVIN, JOANNE  
4944 NW 116TH AVE. PARK PLACE  
CORAL SPRINGS, FL 33076

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LEVIN, JOANNE
STREET ADDRESS	4944 NW 116TH AVE. PARK PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

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06/04/07-80003-002 150.00

**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: *X Joanne Levin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 29, 2007* *954-298-5109*  
Date Daytime Phone #