


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 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



05292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-0479376	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 12, 2008**

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

**000000952506
06/04/08-80084-004 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, JOANNE 4944 NW 116TH AVE. PARK PLACE CORAL SPRINGS, FL 33076
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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 the 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: *Joanne M. Levin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____