

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111962

FILED
Mar 01, 2004
Secretary of State

Entity Name: LEGACY INVESTMENT ENTERPRISES CORP

Current Principal Place of Business:

2100 TREYMORE DR
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

2100 TREYMORE DR
ORLANDO, FL 32825

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:

CHARPARRO, NOE
2100 TREYMORE DR
ORLANDO, FL 32825 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAPARRO, NOE
Address: 2100 TREYMORE DR
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: CHAPARRO, EVELYN
Address: 2100 TREYMORE DR
City-St-Zip: ORLANDO, FL 32825

Title: P () Delete
Name: CHAPARRO, EVIE A
Address: 2100 TREYMORE DR
City-St-Zip: ORLANDO, FL 32825

Title: VP () Delete
Name: CHAPARRO, NOE A
Address: 2100 TREYMORE DR
City-St-Zip: ORLANDO, FL 32825

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: _____

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: NOE CHAPARRO

D

03/01/2004

Electronic Signature of Signing Officer or Director

_____ Date