




# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90065 032 \*\*\*158.75

<b>DOCUMENT # P03000127875</b> 1. Entity Name <b>CITY OF LEGENDS MANAGEMENT GROUP, INC.</b>					
Principal Place of Business <b>2232 E SEMORAN BLVD APOPKA, FL 32703</b>			Mailing Address <b>2232 E SEMORAN BLVD APOPKA, FL 32703</b>		
2. Principal Place of Business <b>280 Wekiva Springs Rd</b> Suite, Apt. #, etc. <b>Ste. 201</b>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <b>Longwood, FL</b>		City & State 		4. FEI Number <b>01-0634803</b>	
Zip <b>32779</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NEFF, JOHN 175 CROWN POINT CT LONGWOOD, FL 32779</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JABLON, MARC</b> <b>2232 E SEMORAN BLVD</b> <b>APOPKA, FL 32703</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jablon, Marc</b> <b>280 wekiva Springs Rd Ste. 201</b> <b>Longwood, FL 32779</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCDOWELL, SAMUAL</b> <b>151 E MINNEHAHA AVE</b> <b>CLERMONT, FL 34711</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIMBALL, PEGGY</b> <b>280 WEKIVA SPRINGS, STE 201</b> <b>LONGWOOD, FL 32779</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #