


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90049 028 ***150.00

DOCUMENT # P03000157348	
1. Entity Name LEGACY PROPERTY DEVELOPMENT, INC.	

Principal Place of Business 1223 NW 114 DR GAINESVILLE FL 32606	Mailing Address 1223 NW 114 DR GAINESVILLE FL 32606
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2. Principal Place of Business 14029 W. Newberry Rd	3. Mailing Address 14029 W. Newberry Rd
Suite, Apt. #, etc. Suite 30	Suite, Apt. #, etc. Suite 30
City & State Newberry FL	City & State Newberry, FL
Zip 32669	Zip 32669
Country	Country

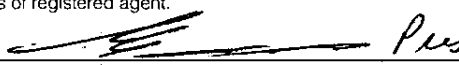


MOORE CR2E034 (11/03)

4. FEI Number 20-0533835	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 FLETCHER, GEORGE E 1223 NW 114 DR GAINESVILLE FL 32606	7. Name and Address of New Registered Agent Name Fletcher, George E Street Address (P.O. Box Number is Not Acceptable) 14029 W. Newberry Rd Suite 30 City Newberry FL Zip Code 32669
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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  **PER** DATE **2-27-04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLETCHER, GEORGE E		NAME Fletcher, George E	
STREET ADDRESS 1223 NW 114 DR		STREET ADDRESS 14029 W. Newberry Rd, Suite 30	
CITY-ST-ZIP GAINESVILLE FL 32606		CITY-ST-ZIP Newberry, FL 32669	
TITLE ST	<input type="checkbox"/> Delete	TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLETCHER, GLORIA W		NAME Fletcher, Gloria W	
STREET ADDRESS 1223 NW 114 DR		STREET ADDRESS 14029 W. Newberry Rd, Suite 30	
CITY-ST-ZIP GAINESVILLE FL 32606		CITY-ST-ZIP Newberry, FL 32669	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIAMOND, DEBORAH A		NAME Diamond, Deborah A	
STREET ADDRESS 1223 NW 114 DR		STREET ADDRESS 14029 W. Newberry Rd, Suite 30	
CITY-ST-ZIP GAINESVILLE FL 32606		CITY-ST-ZIP Newberry, FL 32669	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARTLEY, CHERYL F		NAME Hartley, Cheryl F	
STREET ADDRESS 1223 NW 114 DR		STREET ADDRESS 14029 W. Newberry Rd, Suite 30	
CITY-ST-ZIP GAINESVILLE FL 32606		CITY-ST-ZIP Newberry, FL 32669	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE:  **GEORGE E. FLETCHER** DATE **2-27-04** 352-332-8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR