

2005 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Aug 03, 2005 8:00 am
Secretary of State

04-28-2005 90197 029 ***150.00

DOCUMENT # P04000095027 1. Entity Name LEGACY FINANCE CORPORATION INC					
Principal Place of Business PO BOX 2070 ST AUGUSTINE, FL 32085			Mailing Address PO BOX 2070 ST AUGUSTINE, FL 32085		
2. Principal Place of Business 2401 N. PONCE DE LEON BLVD		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ST. AUGUSTINE FL		City & State ST. AUGUSTINE, FL		4. FEI Number 20-1272114	
Zip 32084		Country ST. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WETTELAND, ELTON S 2401 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 DATE 4-1-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when withdrawing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WETTELAND, ELTON S 113 CRAPE MRTL DR PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN HORN, JEFFREY L 556 FOX HOLLOW LANE ST AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ROBERT S 2401 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:		Date 4-27-05 (904)827-0325			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			