


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # PC4000107134 1. Entity Name J LEGACY BUILDERS INC.	
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FILED

05 SEP 21 PM 5:41

Principal Place of Business 19304 WEYMOUTH DR LAND O LAKES, FL 34638	Mailing Address 19304 WEYMOUTH DR LAND O LAKES, FL 34638
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 19304 Weymouth Dr. Suite, Apt. #, etc.	3. Mailing Address 19304 Weymouth Dr. Suite, Apt. #, etc.
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09122005 Chg-P CR2E034 (10/03)

City & State Land o' Lakes, FL	City & State Land o' Lakes, FL 34638	4. FEI Number 20-1403365	Applied For Not Applicable
Zip 34638	Country USA	Zip 34638	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARGRAVES, RICHARD W JR
19304 WEYMOUTH DR
LAND O LAKES, FL 34638**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete HARGRAVES, RICHARD W JR 19304 WEYMOUTH DR LAND O LAKES, FL 34638
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete HARGRAVES, SUZANNA G 19304 WEYMOUTH DR LAND O LAKES, FL 34638
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200059793332 09/21/05--01003--019 **558.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard Hargraves Jr. **9/1/05 (813) 576-9303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #