

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000143409

1. Entity Name
LEGEND TRANSPORTATION, INC.



Principal Place of Business
**10910 S TRAIL CIR
ORLANDO, FL 32837**

Mailing Address
**P.O. BOX 22643
LAKE BUENA VISTA, FL 32830**

DO NOT WRITE IN THIS SPACE



04082006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1881776

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAM, KASSIM I
2404 RIDGEWAY DR
KISSIMMEE, FL 34746**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100000534878
05/08/06-80029-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAM, KASSIM I 2404 RIDGEWAY DR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAINT-HILAIRE, MIGUEL 745 HULL ISLAND RD OAKLAND, FL 34787
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kassim I. Adam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kassim I. Adam

4/25/06

407-288-4546

Date

Daytime Phone #