


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90022 003 ***158.75

DOCUMENT # P05000074442	
1. Entity Name AMERICAN LEGACY REALTY, INC.	

Principal Place of Business 132 E CHEROKEE AVENUE ORANGE CITY, FL 32763	Mailing Address 132 E CHEROKEE AVENUE ORANGE CITY, FL 32763
---	---

2. Principal Place of Business - No P.O. Box # 840 E 17th Ave	3. Mailing Address 840 E 17th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New Smyrna Beach	City & State New Smyrna Beach
Zip 32169	Zip 32169
Country USA	Country USA

40129990



08142007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent FOSTER, TRACY 132 E CHEROKEE AVENUE ORANGE CITY, FL 32763		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 **Tracy Foster** **TRACY FOSTER** **8-18-2007**
Signature, typed or printed name of registered agent; and if applicable (NOTE: Registered Agent's signature required when registering) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	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	DPT FOSTER, TRACY 132 E CHEROKEE AVENUE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Tracy Foster** **8/18/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

ATTACHMENT

40129998
P05000074442

8/20/2007

Dear Sir/Madam

Please find enclosed a check for \$158.75. This check is intended to pay for the original annual report fee and a certificate of status.

I did not receive an annual report. Please wave the late fees.

Most Sincerely,

Tracy Foster

Tracy Foster
American Legacy Realty, Inc.
(386)383-5420