06-21-2007 90022035 ***150.00
P05000128450

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000128450

1. Entity Name
LEGACY UNLIMITED, INC.

07 AUG 15 PM 3:03

Principal Place of Business	Mailing Address
704 BRUNNELL PARKWAY LAKELAND, FL 33815	704 BRUNNELL PARKWAY LAKELAND, FL 33815

05242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 550
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State: Lakeland, FL
Zip / Country	Zip: 33802 / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAIDLER, WALTER K II 704 BRUNNELL PARKWAY LAKELAND, FL 33815	Name: WALTER K LAIDLER, JR Street Address (P.O. Box Number Not Acceptable): ~~P.O. Box 550~~ 704 Brunnell Pkwy City: Lakeland FL Zip: ~~33802~~ 15

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: Walter K Laidler Jr DATE

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

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	~~MRS~~ D JOHNSON, NOVELLA DIRECTO 7983 INDIAN HEIGHTS DRIVE LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MRS~~ WALKER, PHILLIP DIRECTOR/VP 5705 LAKE LUTHER ROAD LAKELAND, FL 33805	~~elete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Director/VP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MRS~~ D WALLACE, LILLIE M DIRECTO 545 LAKE HARRIS DRIVE LAKELAND, FL 33813	~~elete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MRS~~ D WALKER, CAPPIE DIRECTO 5705 LAKE LUTHER ROAD LAKELAND, FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MRS~~ BODDIE, CHERYL DIRECTO/SECY 1571 KINSMAN WAY LAKELAND, FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DIR/Secy
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MR~~ LAIDLER, WALTER K JR, PRES/CEO 339 HOWARD AVENUE LAKELAND, FL 33815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition President/CEO

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: Walter K Laidler Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #