

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000155384

Entity Name: LEGACY SOFFIT INC

**FILED**  
**Dec 24, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1091 WALDEN BLVD SE  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

1091 WALDEN BLVD SE  
PALM BAY, FL 32909

**New Mailing Address:**

FEI Number: 14-1941840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MINIX, MIKAL V  
1881 PLAYER CIRCLE, N  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

MINIX, PAMELA K  
1091 WALDEN BLVD SE  
PALM BAY, FL 32909 US

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.

SIGNATURE: PAMELA MINIX

12/24/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MINIX, MIKAL V  
Address: 1091 WALDEN BLVD SE  
City-St-Zip: PALM BAY, FL 32909 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Change (X) Addition  
Name: MINIX, PAMELA  
Address: 1091 WALDEN BLVD  
City-St-Zip: PALM BAY, FL 32909 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKAL V. MINIX

P

12/24/2007

Electronic Signature of Signing Officer or Director

Date