

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000019647

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** LEGENDARY TOURS AND TRAVEL, INC.

**Current Principal Place of Business:**

824 TIMOR AVENUE  
ORLANDO, FL 32804

**New Principal Place of Business:**

895 FISHERS RD  
TOMS BROOK, VA 22660

**Current Mailing Address:**

824 TIMOR AVENUE  
ORLANDO, FL 32804

**New Mailing Address:**

1908 MT VERNON AVE.  
#2803  
ALEXANDRIA, VA 22301

**FEI Number:** 20-4285471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, HOLLY M  
824 TIMOR AVE.  
ORLANDO, FL 32804 US

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

WRIGHT, HOLLY M  
824 TIMOR AVE  
ORLANDO, FL 32804 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:

04/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VICE  
Name: AUDIE, LORI  
Address: 6069 MASTERS BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: PRES  
Name: WRIGHT, HOLLY  
Address: 824 TIMOR AVE  
City-St-Zip: ORLANDO, FL 32804

Title: TRES  
Name: WRIGHT, WILLIAM  
Address: 824 TIMOR AVE  
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: HMW

PRES

04/17/2012

Electronic Signature of Signing Officer or Director

Date