2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007
Secretary of State

DOCUMENT# P06000136744

Entity Name: LEGACIES ANTIQUES, INC.

Current Principal Place of Business:

351 B NORTH DONNELLY ST.
MT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

351B NORTH DONNELLY ST.
MT DORA, FL 32757 US

New Mailing Address:

FEI Number: 30-0387816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, MILTON T
351B NORTH DONNELLY ST.
MT DORA, FL 32757 US

Name and Address of New Registered Agent:

LAW, DAVID A
351B NORTH DONNELLY ST.
MT DORA, FL 32757 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: DAVID A LAW 08/13/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: WEST, LINDA D
Address: 130 BAYTREE BLVD.
City-St-Zip: TAVARES, FL 32778 US

Title: V ( ) Delete
Name: LAW, DAVID A
Address: 351 B NORTH DONNELLY ST
City-St-Zip: MT DORA, FL 32757 US

Title: T (X) Delete
Name: HAYES, AUDREY R
Address: 3018 TURTLE DOVE TRAIL
City-St-Zip: DELAND, FL 32724 US

Title: S (X) Delete
Name: COHEN, MILTON T
Address: 3918 TURTLE DOVE TRAIL
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: LAW, DAVID A
Address: 351 B NORTH DONNELLY ST
City-St-Zip: MT DORA, FL 32757 US

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

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

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: DAVID A LAW P 08/13/2007
Electronic Signature of Signing Officer or Director Date