


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90112 013 ***150.00

DOCUMENT # P07000026702

1. Entity Name
 LEGACY APPRAISAL GROUP, INC.



Principal Place of Business Mailing Address
 830 HOFFNER AVENUE 830 HOFFNER AVENUE
 ORLANDO, FL 32809 US ORLANDO, FL 32809 US

40081114



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04042008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI-Number Applied For
 20-8534470 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 CANELLAS, JORGE V
 830 HOFFNER AVENUE
 ORLANDO, FL 32809

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	CANELLAS, JORGE V	
STREET ADDRESS	2033 BEARING LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROMANO, LOUIS J JR	
STREET ADDRESS	920 SEVILLA AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	CANELLAS, JORGE V	
STREET ADDRESS	2033 BEARING LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROMANO, LOUIS J JR	
STREET ADDRESS	920 SEVILLA AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.P.V.S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANELLAS, JORGE V	
STREET ADDRESS	2033 BEARING LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ DATE: 4/7/08 DAYTIME PHONE #: 407 894 0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR