

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

04-18-2008 90051 048 ***150.00

DOCUMENT # P07000038597 1. Entity Name LEGACY MASTER REMODELORS, INC.																																																																																																																	
Principal Place of Business 2439 SO. ROCK CRUSHERS ROAD SUITE 3 HOMOSASSA FL 34448			Mailing Address 2439 SO. ROCK CRUSHERS ROAD SUITE 3 HOMOSASSA FL 34448																																																																																																														
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>		3. Mailing Address <i>Same as above</i>																																																																																																															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																															
City & State 		City & State 		4. FEI Number 																																																																																																													
Zip 		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent DURSO, ANTHONY D 2439 SO. ROCK CRUSHERS ROAD SUITE 3 HOMOSASSA FL 34448				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: <i>Anthony D Durso</i> 1 April 08 (Signature, typed or printed name of registered agent and state of incorporation. NOTE: Registered Agent signature required when necessary.)																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing. \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees																																																																																																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PT</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DURSO, ANTHONY D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2439 SO. ROCK CRUSHERS ROAD SUITE 3</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>HOMOSASSA FL 34448</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VS</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DURSO, CARMEN Y</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2439 SO. ROCK CRUSHERS ROAD SUITE 3</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>HOMOSASSA FL 34448</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PT	☐ Delete	NAME	DURSO, ANTHONY D		STREET ADDRESS	2439 SO. ROCK CRUSHERS ROAD SUITE 3		CITY- ST- ZIP	HOMOSASSA FL 34448		TITLE	VS	☐ Delete	NAME	DURSO, CARMEN Y		STREET ADDRESS	2439 SO. ROCK CRUSHERS ROAD SUITE 3		CITY- ST- ZIP	HOMOSASSA FL 34448		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 change, like an employee.																																																																																																																	
SIGNATURE: <i>Anthony D Durso</i> May 13, 08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																	