

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061619

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: LEGENDARY VENTURES, INC.

## Current Principal Place of Business:

715 MINNESOTA AVE  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

## Current Mailing Address:

715 MINNESOTA AVE  
LYNN HAVEN, FL 32444

## New Mailing Address:

FEI Number: 26-0244507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROCHER, BRAD  
715 MINNESOTA AVE.  
LYNN HAVEN, FL 32444 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: ROCHER, BRAD  
Address: 715 MINNESOTA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: S ( ) Delete  
Name: ROCHER, CRYSTAL  
Address: 715 MINNESOTA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP/D ( ) Delete  
Name: ROCHER, CRYSTAL  
Address: 715 MINNESOTA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: T ( ) Delete  
Name: ROCHER, CRYSTAL  
Address: 715 MINNESOTA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROCHER, BRAD  
Address: 715 MINNESOTA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

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

Title: VP (X) Change ( ) Addition  
Name: ROCHER, CRYSTAL  
Address: 715 MINNESOTA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: T (X) Change ( ) Addition  
Name: ROCHER, BRAD  
Address: 715 MINNESOTA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

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: BRAD ROCHER

PRES

03/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date