

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90027 010 \*\*\*150.00

<b>DOCUMENT # P94000010054</b> 1. Entity Name <b>LEGOLD COMPANY</b>					
Principal Place of Business <b>6302 LAKEVILLE ROAD</b> <b>ORLANDO, FL 32818 US</b>			Mailing Address <b>PO BOX 348</b> <b>CLARCONA, FL 32710-0348 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3230927</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LEARY, ELIABETH</b> <b>8440 VICKERS COURT</b> <b>ORLANDO, FL 32818</b>				7. Name and Address of New Registered Agent Name <b>Leary, Elizabeth</b> Street Address (P.O. Box Number is Not Acceptable) <b>6302 Lakeville Road</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32818</b>	
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>Elizabeth Leary</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>2/10/06</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS <b>LEARY, RANDALL S</b> <b>8440 VICKERS COURT</b> <b>ORLANDO, FL 32818</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6302 Lakeville Road</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <b>LEARY, ELIZABETH A.</b> <b>8440 VICKERS COURT</b> <b>ORLANDO, FL 32818</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6302 Lakeville Road</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Elizabeth Leary</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/10/06</b> Daytime Phone # <b>(407) 5230468</b>		