


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000006377 1. Entity Name LEGENDARY MOTORCARS AND COACHWORKS, INC.	
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Principal Place of Business 130 NW CROWN POINT ROAD WINTER GARDEN, FL 34787 US	Mailing Address 130 NW CROWN POINT ROAD WINTER GARDEN, FL 34787 US
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DO NOT WRITE IN THIS SPACE



08012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3292800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

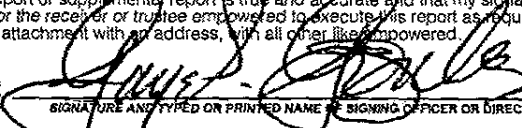
6. Name and Address of Current Registered Agent ASMA, WILLIAM N ESQ. 884 SOUTH DILLARD STREET WINTER GARDEN, FL 34787	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	U00000771344 08/03/07-80003-005 150.00
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, ELOY 117 OLYMPUS DRIVE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GONZALEZ, GAYE P 117 OLYMPUS DRIVE OCOE, FL 34761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7/31/07 <small>Date</small>	4076840344 <small>Daytime Phone #</small>
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