


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000058047 1. Entity Name THE LEGENDS OF SANTA ROSA BEACH, INC.	
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Principal Place of Business 5151 MONROE ST 243 TOLEDO, OH 43623 US	Mailing Address 3922 CLOCK POINTE TRAIL 102 STOW, OH 44224 US
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 34-1841319	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEARMON, A. DELYS 151 REGIONS WAY, BLDG. 1, STE. A DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JACK 5151 MONROE ST. TOLEDO, OH 43623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, DAN E 5151 MONROE ST. TOLEDO, OH 43623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERMAN, FRANCIS 5151 MONROE ST. TOLEDO, OH 43623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, DANIEL 5151 MONROE ST. TOLEDO, OH 43623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/05-80048-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Linda L. Trevorrow <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/29/05 <small>Date</small>	Daytime Phone # 330-945-5500 <small>Daytime Phone #</small>
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