2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000058047

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TOLEDO, OH 43623

DONOVAN, DANIEL

5151 MONROE ST.

TOLEDO, OH 43623

(X) Delete

Entity Name: THE LEGENDS OF SANTA ROSA BEACH, INC.

Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5151 MONROE ST 6044 N. CHANTICLEER DRIVE MAUMEE, OH 43537 243 TOLEDO, OH 43623 **New Mailing Address: Current Mailing Address:** 3922 CLOCK POINTE TRAIL STOW, OH 44224 US FEI Number: 34-1841319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEARMON, A. DELYS 151 REGIONS WAY, BLDG. 1, STE. A DESTIN, FL 32541 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition TAYLOR, JACK TAYLOR, JACK Name: Name: 5151 MONROE ST. 6044 N. CHANTICLEER DRIVE Address: Address: City-St-Zip: TOLEDO, OH 43623 City-St-Zip: MAUMEE, OH 43537 Title: Title: () Delete (X) Change () Addition Name: YOUNG, DAN E Name: DONOVAN, DANIEL 5151 MONROE ST. 7039 NIGHTINGALE DR. Address: Address: TOLEDO, OH 43623 HOLLAND, OH 43528 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: PERMAN, FRANCIS PERMAN, FRANCIS Name: Name: 5151 MONROE ST. 35 S BERLIN AVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

OREGON, OH 43616

() Change () Addition

SIGNATURE: JACK TAYLOR D 04/27/2006