2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000053008

1. Entity Name LEGIS HOLDING CO.



FILED
Jan 28, 2004 08:00 AM
Secretary of State

Principal Place of Business

SUITE 211 - ONE EXECUTIVE COURT 2295 CORPORATE BLVD. NW BOCA RATON, FL 33431 Mailing Address

SUITE 211 - ONE EXECUTIVE COURT 2295 CORPORATE BLVD, NW BOCA RATON, FL 33431



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0811142 Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional

6. Name and Address of Current Registered Agent

UTRECHT, STEVEN T 2295 CORPORATE BLVD. #211 211 BOCA RATON, FL 33431

SIGNATURE:

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300A (A(101), FE 3343)						
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 Signeture, typed or printed name of registered agent and title # applicable. (NOTE Registered Agent algorithms recuired when reinstalling) DATE						
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	U00000019125 01/29/04-80012-0	017 150.00
10,	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-7:P	PS UTRECHT, STEVEN 2295 CORPORATE BLVD. #211 BOCA RATON, FL 33431					
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
title Name Street address City-ST-XP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS OTY-57-21P					THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-JIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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.						

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR