


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000105408	
1. Entity Name LEGENDARY CIGARS INC.	

Principal Place of Business 284 BELLEVIEW BLVD BELLEAIR, FL 33756	Mailing Address 284 BELLEVIEW BLVD BELLEAIR, FL 33756
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DO NOT WRITE IN THIS SPACE



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3482916	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 ELBONK, IRA 1030 LAKE AVE STE C LAKE WORTH, FL 33460

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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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</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	U000000314176 04/18/05-80157-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOWELS, VICKIE 284 BELLEVIEW BLVD BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOWELS, ROBERT 284 BELLEVIEW BLVD BELLEAIR, FL 33756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Vickie J. Nowels</u> Vickie J. Nowels 4-14-05 (727) 442-8824	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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