


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 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	



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 5700 LAKE WORTH RD STE 300B LAKE WORTH, FL 33463	308 B

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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04/30/07-80046-011 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vickie J. Nowels **4-15-07** **(727) 442-8824**