

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000091427

FILED
Apr 20, 2004
Secretary of State

Entity Name: LEGENDARY RESTAURANT ASSOCIATES, INC.

Current Principal Place of Business:

4460 LEGENDARY DRIVE
400
DESTIN, FL 32541

New Principal Place of Business:

4460 LEGENDARY DRIVE
STE. 400
DESTIN, FL 32541

Current Mailing Address:

4460 LEGENDARY DRIVE
400
DESTIN, FL 32541

New Mailing Address:

4460 LEGENDARY DRIVE
STE. 400
DESTIN, FL 32541

FEI Number: 59-3603802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: BOS, PETER H
Address: 4460 LEGENDARY DRIVE #400
City-St-Zip: DESTIN, FL 32541

Title: DVT () Delete
Name: BUSFIELD, DAVID
Address: 4460 LEGENDARY DRIVE #400
City-St-Zip: DESTIN, FL 32541

Title: DV () Delete
Name: GOSS, SEAN M
Address: 4460 LEGENDARY DRIVE #400
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: PARKER, WENDY
Address: 4460 LEGENDARY DRIVE #400
City-St-Zip: DESTIN, FL 32541

Title: V () Delete
Name: BOS, PETER H III
Address: 4460 LEGENDARY DR. SUITE 400
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BOS, PETER H JR.
Address: 4460 LEGENDARY DRIVE #400
City-St-Zip: DESTIN, FL 32541

Title: VT (X) Change () Addition
Name: BUSFIELD, DAVID
Address: 4460 LEGENDARY DRIVE #400
City-St-Zip: DESTIN, FL 32541

Title: V (X) Change () Addition
Name: CRAUL, BRUCE
Address: 4460 LEGENDARY DRIVE #400
City-St-Zip: DESTIN, FL 32541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: WENDY PARKER

S

04/20/2004

Electronic Signature of Signing Officer or Director

Date