

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # P99000102314</b>				<b>1. Entity Name</b>	
LEGACY ASSET CORPORATION					
<b>Principal Place of Business</b>			<b>Mailing Address</b>		
3601 NE 5TH AVE FT LAUDERDALE FL 33334			3601 NE 5TH AVE FT LAUDERDALE FL 33334		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b>	
				65-0965627	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
HITTENBERGER, DANIEL J 6960 SW 20TH ST PLANTATION FL 33317				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>5. 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.</b>					

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State.**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITTENBERGER, DANIEL J		NAME		
STREET ADDRESS	6960 SW 20 STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33317		CITY-ST-ZIP	04/11/06-80058-011 150.00	
TITLE	DTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITTENBERGER, E. JOAN		NAME		
STREET ADDRESS	6960 SW 20 STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33317		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 and all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **3-24-06 934-296-6388**