
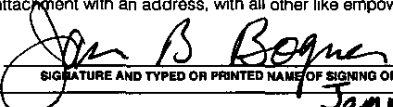


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90002 009 ****70.00

DOCUMENT # 707252					
1. Entity Name MAGNOLIA TOWERS, INC.					
Principal Place of Business 100 E ANDERSON ST ORLANDO, FL 32801		Mailing Address 100 E ANDERSON ST ORLANDO, FL 32801			
2. Principal Place of Business		3. Mailing Address 80 West Lucerne Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Orlando, FL		4. FEI Number 59-1115878	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32801		Country Orange		01092004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALBRITTON, SYLVIA S 100 E ANDERSON STREET ORLANDO, FL 32801			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINAUG, WILLIAM 2601 WESTHALL LANE MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Bogner, James B. 80 West Lucerne Circle Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNELLINGS, JAMES H 2052 COUNTRYSIDE CIRCLE, N ORLANDO, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Cramer, Robert L. 80 West Lucerne Circle Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, DR. LOUIS C. 900 S DELANEY ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAY, TED 3231 ARDSLEY DR ORLANDO, FL 00000,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Trovillion, Allen 80 West Lucerne Circle Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOBLEY, SARA 400 E COLONIAL DR #1401 ORLANDO, FL 00000,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Owen, William H. 80 West Lucerne Circle Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN 222 W MAITLAND BLVD MAITLAND, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hillenmeyer, John 80 West Lucerne Circle Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 617, 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: 		02-19-2004		407-839-5050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James B. Bogner		Date		Daytime Phone #	

Attachment

Additional Directors for:

Magnolia Towers, Inc.
Document #707252

44012438

Director

Anderson, Jr., Philip M.
80 West Lucerne Circle
Orlando, Florida 32801

Director

King, Marilyn
80 West Lucerne Circle
Orlando, Florida 32801

Director

Mantilla, Joseph I.
80 West Lucerne Circle
Orlando, Florida 32801

Director

Sturm, Richard V.
80 West Lucerne Circle
Orlando, Florida 32801

Attachment

**WESTMINSTER
SERVICES**

80 West Lucerne Circle, Orlando, Florida 32801 • 407-839-5050 • Fax 407-839-0700

707252

44012438

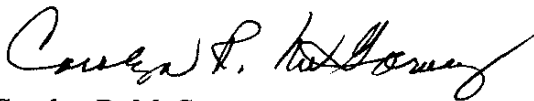
February 19, 2004

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Enclosed is the 2004 Uniform Business Report along with a check in the amount of \$70.00
(which includes the filing fee of \$61.25, plus \$8.75 for the Certificate of Status) for:

- Magnolia Towers, Inc.

Sincerely,



Carolyn R. McGarvey
Administrative Assistant