2005 FOR PROFIT CORPORATION

FILED Apr 14, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # 204245** MAGNOLIA HOLDING COMPANY Principal Place of Business Mailing Address 150 MAGNOLIA AVENUE 150 MAGNOLIA AVENUE P.O. BOX 2491 DAYTONA, FL 32114-9491 P.O. BOX 2491 DAYTONA, FL 32114-9491 CR2E034 (10/03) 03292005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2883868 Not Applicable - 30.32 . 5610000 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114 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, typed or printed name of registered agent and this if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE **PSTD** KANEY, JONATHAN DJR NAME 150 MAGNOLIA AVENUE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 U00000303601 TITLE 04/14/05-80008-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS أتحق والمرافق والمحاول والمرامعية CITY-ST-ZIP The state of the s TITLE NAME STREET ADDRESS

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 will

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jonathan D. Kaney Jr. 4-11-05 386-255-817