2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90754 042 ***150.00

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1. Entity Name
MAGNOLIA MANOR AT GREEN COVE, INC.

Principal Place of Business	Mailing Address
4611-4 US HWY. 17 ORANGE PARK, FL 32003	4611-4 US HWY. 17 ORANGE PARK, FL 32003

03312004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3339 U.S. Hwy. 17 Suite, Apt. #, etc.	3339 U.S. Hwy. 17 Suite, Apt. #, etc.
City & State: Green Cove Springs, FL	City & State: Green Cove Springs, FL
Zip: 32043 Country: Clay	Zip: Country: Clay

4. FEI Number: 02-0563434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITTAUER, ELIZABETH A 4611-4 US HWY 17 ORANGE PARK, FL 32003	Name: Joyce A. Williams Street Address (P.O. Box Number is Not Acceptable): 3339 U.S. Hwy. 17 City: Green Cove Springs FL Zip Code: 32043

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: Joyce A Williams
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC MITTAUER, JOSEPH A 4611-4 US HWY 17 ORANGE PARK, FL 32003	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President John W. Soileau 3339 US Hwy 17 Green Cove Springs, FL 32043	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MITTAUER, ELIZABETH A 4611-4 US HWY. 17 ORANGE PARK, FL 32003	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST WILLIAMS, JOYCE A 1093 A-1-A BEACH BLVD. #153 SAINT AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JAMES D 1093 A-1-A BEACH BLVD. #153 SAINT AUGUSTINE, FL 32080	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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: Joyce A Williams 4/20/04 904-284-5721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #