

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90009 049 ***150.00

DOCUMENT # F76155

1. Entity Name

MAGNOLIA PARK, INC.



Principal Place of Business

% WILLIAM F. ENNEKING
PINE & LEXINGTON, P. O. BOX 444
MELROSE FL 32666

Mailing Address

P O BOX 444
MELROSE FL 32666
US

2. Principal Place of Business

Melrose, Florida

3. Mailing Address

Box 444, Melrose, Fla 32666

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melrose, Fla

Zip

32666

Country

Alachua

Zip

32666

Country

Alachua

6. Name and Address of Current Registered Agent

BOVAY, JOHN C.
633 N.W. 8TH AVENUE
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2190087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
SCARBOROUGH, MARK
2504 NW 24TH TERR
GAINESVILLE FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
ENNEKING, MARGARET L
PINES&LEXINGTON ST BX444
MELROSE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ENNEKING, WILLIAM F
PINES&LEXINGTON ST BX444
MELROSE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

William F Enneking **WILLIAM F ENNEKING**

3/2/04

352 475 2712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #