2008 FOR PROFIT CORPORATION

FILED te

ANNUAL REPORT				Apr	14, 200	8 08:00		
DOCUMENT # G84096					Secretary			
MAGNOLIA PROPERTIES,	INC. y St. 24-7							
A STATE OF S	property in a magnification of		143 6 2		T TT AND CONTROL OF PA CONTROL			
Principal Place of Business	Mailing Address	344				3 i		
417 N. WALNUT STREET STARKE, FL. 32091-3210	P.O. DRAWER A STARKE, FL 32091				Pris			
•		• •		 	:	BIBNIBUL II IBBI		
DO NOT W			04102008	No Chg-P	CR2E034 (11/0	5)		
DO NOT WRITE IN THIS SPACE				7047		Applied For Not Applicable		
			59-2367	of Status Desired	\$8.75	Additional		
6. Name and Address	of Current Registered Agent		C. Continuato	or ordinal propried	Fee Requ	lired		
MILLER, JOHN M.			50	NOT W				
P.O.DRAWER A			NOT W					
STARKE, FL 32901		IN T	HIS SP	ACE	. 5. 1			
			•	٠,				
The above named entity submits this the obligations of registered agent.	statement for the purpose of changing its registe	ered office or registe	red agent, or bot	h, in the State of Flo	rida. I am familiar wi	th, and accept		
SIGNATURE Signature, typed or printed name of r	registered agent and title if applicable. (NOTE: Registe	ared Agent signature required	d when reinstating)		DATE			
Bioghar L. Pitte Time: FILE NOWIII-FEE IS \$1 After May 1, 2008 Fee will I	50.00 9. Election Campaign Fin be \$550.00 Trust Fund Contribution	nancing \$5	.00 May Be led to Fees					
10. '\ i''	ICERS AND DIRECTORS		. 1					
TITLE P NAME MILLER, JOHN M.		•						
STREET ADDRESS P.O.DRAWER A				U00000895400				
CITY-ST-ZIP STARKE, FL 32091	STARKE, FL 32091			04/24/08-80067-014 150.00				
TITLE NAME								
STREET ADDRESS CITY-ST-ZIP								
TITLE		-						
NAME Street address			50	NOT M				
CITY-ST-ZIP			DO	NOT W	RIIE			
TITLE			IN 7	THIS SF	PACE			
NAME STREET ADDRESS								
CITY-ST-ZIP		_						
TITLE		,			2.			
STREET ADDRESS	-	,	•					
CITY-ST-ZIP	rang in ranger and per or growing management in the perfect of the	na para ang propriodales (علاي دي خواه مست دامل و	ovomentario e inte	· was prome			
NAME NAME								
STREET ADDRESS CITY-ST-ZIP				r . 4 r . 4	eretar i maja ur je er tu mageti. '			
	upplied with this filing does not qualify for the e	exemptions contained	d in Chapter 119	, Florida Statutes. I	further certify that th	e information		
indicated on this report or supplement	ntal report is true and accurate and that my sign	nature shall have the	same legal effect	t as if made under o	oath; that I am an offic	cer or director		

of the corporation or supplying large points true and accurate and matriny signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver/or it ustee 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: