

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90036 006 ***150.00

DOCUMENT # G89485



1. Entity Name
MAGNOLIA NORTH, INC.

Principal Place of Business
C/O THOMAS W. LIGHTBODY
1706 N MAGNOLIA #203
OCALA, FL 34475

Mailing Address
C/O THOMAS W. LIGHTBODY
1706 N MAGNOLIA #203
OCALA, FL 34475

400430041

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

52-2001910

Not Applicable

Zip

Country

Zip

Country

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

HAMPY, DARRYL
1706 N MAGNOLIA
#203
OCALA, FL 34475

Hampy, Darryl
5100 SE 11th Ave.
Ocala, FL 34480

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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: **DP** Delete
 NAME: **LIGHTBODY, THOMAS W.**
 STREET ADDRESS: **1630 N MAGNOLIA**
 CITY - ST - ZIP: **OCALA, FL**

TITLE: Change Addition
 NAME: *9080 SW 19th Avenue Road*
 STREET ADDRESS: *Ocala, FL 34476*
 CITY - ST - ZIP: *Ocala, FL 34476*

TITLE: **D** Delete
 NAME: **HAMPY, DARRYL**
 STREET ADDRESS: **1706 N MAGNOLIA #203**
 CITY - ST - ZIP: **OCALA, FL**

TITLE: Change Addition
 NAME: *5100 SE 11th Avenue*
 STREET ADDRESS: *Ocala, FL 34480*
 CITY - ST - ZIP: *Ocala, FL 34480*

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:
 Change Addition

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:
 Change Addition

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:
 Change Addition

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:
 Change Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Darryl Hampy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08

Date

Daytime Phone #