2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11, 2008 08:00 A Secretary of State

ANNUAL REPORT				Mar 11, 2000 00			
DOCUMENT # K56233 1. Entity Name MAGNOLIA GARDENS ESTATES, INC.						Secreta	ry of S
Principal Place 905 SE 12TI OCALA, FL 3	H STREET	Mailing Address 905 SE 12TH STREET OCALA, FL 34471 US		 		1401 1401 1401 1401 1	
DO NOT WRITE IN THIS SPA			CE	03102008 4. FEI Number 59-2925	No Chg-P	CR2E034 (11	/05) Applied For Not Applicable 5 Additional
ELKES, FF 905 S.E. 1 OCALA, FI	2TH STREET			NOT WI HIS SPA			
the obligat	named entity submits this statement for the items of registered agent. Signature, typed or printed name of registered agent and to		d Agent signature required		in the State of Flore	da. I am familiar	with, and accept
After May 1, 2008 Fee will be \$550.00		Trust Fund Contribution.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME	OFFICERS AND DIR DP ELKES, FRANK R 905 SE 12TH STREET OCALA, FL 34471	ECIONS			03/27/08- NOT WI	RITE	150.00
STREET ADDRESS							

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 cath; 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: 4

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

13/10/08 1352-368-28a5