

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90175 028 ***150.00

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05022005 Chg-P CR2E034 (10/03)

DOCUMENT # L86263 1. Entity Name MAGNOLIA BLOSSOM, INC.					
Principal Place of Business 3616 MAGNOLIA POINT BLVD. GREEN COVE SPRINGS, FL 32043			Mailing Address C/O TMW REAL ESTATE MGMT TWO RAVINA DR STE 400 ATLANTA, GA 30346 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1660 Waters Edge Dr. Suite, Apt. #, etc.			
City & State		City & State Orange Park, FL			
Zip	Country	Zip 32003	Country USA	4. FEI Number 59-3033660	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOWARD, JAN R 1660 WATERS EDGE DRIVE ORANGE PARK, FL 32003			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HOWARD, JAN R 1660 WATERS EDGE DRIVE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Jan R. Howard SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/28/05 904/264-1425 Date Daytime Phone #		

attachment
50042890
286863

JAN R. HOWARD
1660 WATER'S EDGE DRIVE
ORANGE PARK, FL. 32003

May 1, 2005

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Magnolia Blossom, Inc.

Dear Sir:

Enclosed please find the 2005 Corporation Annual Report for the above named corporation. We did not receive notice as the mailing address shows C/O TMW Real Estate Mgt., Two Ravina Dr. St. 400, Atlanta, Ga. 30346, and, therefore, have just completed the 2005 report. We have been trying to file this report online but have not been successful.

We are enclosing check in the amount of \$150.00, and since we did not receive a notice, we are respectfully requesting the late fee be waived. Should you have any questions, kindly call me at 904/264-1425.

Thank you for your consideration.

Sincerely,


Jan R. Howard