

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90022 047 ***150.00

DOCUMENT # L86263 1. Entity Name MAGNOLIA BLOSSOM, INC.					
Principal Place of Business 3616 MAGNOLIA POINT BLVD. GREEN COVE SPRINGS, FL 32043			Mailing Address 1660 WATERS EDGE DR ORANGE PARK, FL 32003 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4705 Verona Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Jacksonville, FL		4. FEI Number 59-3033660	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32210		Country USA		01242008 Chg-P CR2E034 (12/06)	
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 Karen H. Cummings Street Address (P.O. Box Number is Not Acceptable) 4705 Verona Avenue City Jacksonville FL Zip Code 32210	
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: <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE 1/26/08	
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Karen Cummings 4705 Verona Ave Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1/26/08 DAYTIME PHONE 904-389-9629		