

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90009 031 ***150.00

DOCUMENT # M77946.

1. Entity Name

MAGNOLIA HILLS FARM, INC.



Principal Place of Business

6863 PROCTOR RD
TALLAHASSEE FL 32308

Mailing Address

6863 PROCTOR RD
TALLAHASSEE FL 32308

44010770



MOORE

CR2E034 (11/03)

2. Principal Place of Business

6863 Proctor Rd

Suite, Apt. #, etc.

3. Mailing Address

6863 Proctor Rd

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32309

Country

USA

City & State

Tallahassee FL

Zip

32309

Country

USA

4. FEI Number

59-2883685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, LEX C.
6863 PROCTOR RD
TALLAHASSEE FL 32308

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

Lex C. Thompson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME THOMPSON, LEX C.
STREET ADDRESS 6863 PROCTOR RD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DST ☐ Delete
NAME GRAY, SIDNEY E
STREET ADDRESS RT. 1, BOX 1495
CITY-ST-ZIP HAVANA FL

TITLE DV ☐ Delete
NAME THOMPSON, JAMES L
STREET ADDRESS 6863 PROCTOR RD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Lex C. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-04 (850) 545-6006