


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004728 1. Entity Name MAGNOLIA OAKS, INC.	
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Principal Place of Business 5275 MAGNOLIA OAKS LN JACKSONVILLE, FL 32210	Mailing Address 5275 MAGNOLIA OAKS LN JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



07242006 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-3052502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**STOCKWELL, CAROLYN
5275 MAGNOLIA OAKS LN
JACKSONVILLE, FL 32210**

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IN THIS SPACE**

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 *Carolyn Stockwell* (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000572468 07/27/06-80005-016 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST STOCKWELL, CAROLYN 5221 MANN MANOR LN LN JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, SALLY A 951 HERTHSIDE CT. JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BARBARA 4041 DELLWOOD ST JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOCKWELL, KENNETH 5275 MAGNOLIA OAKS LN JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: *Carolyn Stockwell* **7-20-06 904-771-3040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #