

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90396 022 \*\*\*150.00

**DOCUMENT # P00000024447**

1. Entity Name

**MAGNOLIA MANAGEMENT SERVICES, INC.**



Principal Place of Business

**25238B NW 1ST AVE  
NEWBERRY FL 32669**

Mailing Address

**P O BOX 971  
NEWBERRY FL 32669**

24053660



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

4. FEI Number

**59-3632479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PICKETT, ADRIANNE  
25238B NW 1ST AVE  
NEWBERRY FL 32669**

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

*Adrianne Pickett, President*

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

(NOTE: Registered Agent signature required when reinstating)

*4/2/04*

DATE

**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	P	<input type="checkbox"/> Delete
NAME	PICKETT, ADRIANNE M	
STREET ADDRESS	PO BOX 1623	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PICKETT, WM F	
STREET ADDRESS	PO BOX 1623	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PICKETT, JOHN'D	
STREET ADDRESS	PO BOX 1665	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PICKETT, CARL S	
STREET ADDRESS	PO BOX 1623	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Adrianne Pickett, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/2/04*

*352-538-1310*

Daytime Phone #