

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

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**



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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

Adrianne Pickett

Adrianne Pickett

4/4/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PICKETT, ADRIANNE M
STREET ADDRESS	PO BOX 1623
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	VP
NAME	PICKETT, WM F
STREET ADDRESS	PO BOX 1623
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	VP
NAME	PICKETT, JOHN D
STREET ADDRESS	PO BOX 1665
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	VP
NAME	PICKETT, CARL S
STREET ADDRESS	PO BOX 1623
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/05-80012-023 150.00

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

Date

352-472-2327

Daytime Phone #