

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 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



04092006 No Chg-P CR2E034 (11/05)

**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

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

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PICKETT, ADRIANNE M  
PO BOX 1623  
NEWBERRY, FL 32669

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PICKETT, WM F  
PO BOX 1623  
NEWBERRY, FL 32669

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PICKETT, JOHN D  
PO BOX 1665  
NEWBERRY, FL 32669

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PICKETT, CARL S  
PO BOX 1623  
NEWBERRY, FL 32669

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000502438  
04/25/06-80104-001 150.00

**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 807, 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 M. Pickett, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

352-538-1310

Date

Daytime Phone #