

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

|   |
|---|
| <b>DOCUMENT # P00000030387</b>                    |
| <b>1. Entity Name</b><br>MAGNOLIA PARK WEST, INC. |

|  |   |
|--|---|
| <b>Principal Place of Business</b><br>11050 AUTUMN LN.<br>CLERMONT, FL 34711 | <b>Mailing Address</b><br>PO BOX 5000<br>GROVELAND, FL 34736-5000 |
|--|---|



01072004 No Chg-P CR2E034 (10/03)

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|   |                                       |
|---|---------------------------------------|
| <b>4. FEI Number</b><br>59-3694281  | <b>Applied For</b><br>Not Applicable  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>FULMER, BARBARA B<br>11050 AUTUMN LN.<br>CLERMONT, FL 34711 |
|---|

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**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 renewing) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

| <b>10. OFFICERS AND DIRECTORS</b> |                          |
|-----------------------------------|--------------------------|
| <b>TITLE</b>                      | D                        |
| <b>NAME</b>                       | FULMER, BARBARA          |
| <b>STREET ADDRESS</b>             | 11050 AUTUMN LN.         |
| <b>CITY-ST-ZIP</b>                | CLERMONT, FL 34711       |
| <b>TITLE</b>                      | P                        |
| <b>NAME</b>                       | FULMER, TIMOTHY A        |
| <b>STREET ADDRESS</b>             | 13045 SUGAR BLUFF RD     |
| <b>CITY-ST-ZIP</b>                | CLERMONT, FL 34711       |
| <b>TITLE</b>                      | VP                       |
| <b>NAME</b>                       | FULMER, PHILIP R         |
| <b>STREET ADDRESS</b>             | 8000 CHERRY LAKE RD      |
| <b>CITY-ST-ZIP</b>                | GROVELAND, FL 34736      |
| <b>TITLE</b>                      | VP                       |
| <b>NAME</b>                       | FULMER, CARROLL A        |
| <b>STREET ADDRESS</b>             | 11610 OSPREY POINTE BLVD |
| <b>CITY-ST-ZIP</b>                | CLERMONT, FL 34711       |
| <b>TITLE</b>                      | VP                       |
| <b>NAME</b>                       | TURNER, CYNTHIA F        |
| <b>STREET ADDRESS</b>             | 12928 LOOKINGBILL LANE   |
| <b>CITY-ST-ZIP</b>                | ATHENS, AL 35611         |
| <b>TITLE</b>                      |                          |
| <b>NAME</b>                       |                          |
| <b>STREET ADDRESS</b>             |                          |
| <b>CITY-ST-ZIP</b>                |                          |

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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)(f), 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:** **Carroll A. Fulmer** **Vice President** **1-15-04** **352-429-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #