

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

1/2

01-24-2003 90120 012 ***158.75

DOCUMENT # P00000030387

1. Entity Name
MAGNOLIA PARK WEST, INC.

Principal Place of Business
**11050 AUTUMN LN.
CLERMONT FL 34711**

Mailing Address
**11050 AUTUMN LN.
CLERMONT FL 34711**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
P.O. Box 5000
Suite, Apt. #, etc.
City & State
Groveland, FL
Zip
34736-5000
Country
USA

4. FEI Number **59-3694281** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required-**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**FULMER, BARBARA B
11050 AUTUMN LN.
CLERMONT FL 34711**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	D	<input type="checkbox"/> Delete
NAME	FULMER, BARBARA	
STREET ADDRESS	11050 AUTUMN LN.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Timothy A. Fulmer, Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13045 Sugar Bluff Road	
STREET ADDRESS	Clermont, FL 34711	
CITY-ST-ZIP		
TITLE	Philip R. Fulmer, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8000 Cherry Lake Road	
STREET ADDRESS	Groveland, FL 34736	
CITY-ST-ZIP		
TITLE	Carroll A. Fulmer, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11610 Osprey Pointe Blvd.	
STREET ADDRESS	Clermont, FL 34711	
CITY-ST-ZIP		
TITLE	Cynthia F. Turner, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12928 Lookingbill Lane	
STREET ADDRESS	Athens, AL 35611	
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: BARBARA B. FULMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-03-03 Daytime Phone # _____

BARBARA B. FULMER

CR2E034 (10/02)