


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000068089 1. Entity Name MAGNOLIA HOMES, INC.					
Principal Place of Business PO BOX 19737 JACKSONVILLE FL 32245			Mailing Address PO BOX 19737 JACKSONVILLE FL 32245		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALLEN, BARBARA A 9177 STARPASS DR JACKSONVILLE FL 32256				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 _____ (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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PST <input type="checkbox"/> Delete				
NAME	ALLEN, BARBARA A				
STREET ADDRESS	9177 STARPASS DR				
CITY- ST- ZIP	JACKSONVILLE FL 32256				
TITLE	VP <input type="checkbox"/> Delete				
NAME	BASILE, BEN				
STREET ADDRESS	13789 HOLLAND PARK				
CITY- ST- ZIP	JACKSONVILLE FL 32224				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
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STREET ADDRESS					
CITY- ST- ZIP					



MOORE CR2E034 (11/03)

4. FEI Number **59-3658240** Applied For ☐ Not Applicable ☒

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change ☐ Delete

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.

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SIGNATURE: Barbara Allen Barbara Allen 1/23/04 904.579.1237