

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90050 022 ***158.75

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1. Entity Name

MAGNOLIA HOMES, INC.



Principal Place of Business

12443 SAN JOSE 701
JACKSONVILLE FL 32223

Mailing Address

PO BOX 600458
JACKSONVILLE FL 32260-0458



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3658240**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, BARBARA A
2200 DURBIN CREEK BLVD
JACKSONVILLE FL 32259

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

Barbara Keyes Barbara Keyes

1-31-2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	ALLEN, BARBARA A	
STREET ADDRESS	2200 DURBIN CREEK BLVD	
CITY, ST, ZIP	JACKSONVILLE FL 32259	
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		
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	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keyes, Barbara	
STREET ADDRESS	12443 San Jose Blvd, Ste 701	
CITY, ST, ZIP	Jacksonville, FL 32223	
TITLE	Chief Operation Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Basile, Benjamin P.	
STREET ADDRESS	12443 San Jose Blvd, Ste 701	
CITY, ST, ZIP	Jacksonville, FL 32223	
TITLE	Chief Executive Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keyes, William	
STREET ADDRESS	12443 San Jose Blvd, Ste 701	
CITY, ST, ZIP	Jacksonville, FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 exemptions contained in Section 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 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 Keyes Barbara Keyes

1-31-2007

904260 5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #