

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90048 008 \*\*\*158.75

<b>DOCUMENT # P00000068089</b> 1. Entity Name <b>MAGNOLIA HOMES, INC.</b>					
Principal Place of Business <b>12443 SAN JOSE 701 JACKSONVILLE, FL 32223</b>			Mailing Address <b>PO BOX 600458 JACKSONVILLE, FL 32260-0458</b>		
2. Principal Place of Business - No P.O. Box # <b>3956 Sunbeam Rd. Ste. 3 Jacksonville, FL 32257</b>		3. Mailing Address <i>Same ↑</i> Suite, Apt. #, etc. City & State			
Zip Country <i>Duval</i>		Zip Country		4. FEI Number <b>59-3658240</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KEYES, BARBARA - 12443 SAN JOSE 701 JACKSONVILLE, FL 32223</b>			7. Name and Address of New Registered Agent Name <i>Keyes, Barbara</i> Street <i>3956 Sunbeam Rd. Ste. 3</i> City <i>Jacksonville, FL 32257</i> City <b>FL</b> 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 <i>Barbara Keyes</i> DATE <i>4-15-2008</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST KEYES, BARBARA 12443 SAN JOSE BLVD SUITE 701 JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3956 Sunbeam Rd. Ste. 3 Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO BASILE, BENJAMIN P 12443 SAN JOSE BLVD SUITE 701 JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3956 Sunbeam Rd. Ste. 3 Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO KEYES, WILLIAM 12443 SAN JOSE BLVD SUITE 701 JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3956 Sunbeam Rd. Ste. 3 Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Barbara Keyes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			President 4-15-2008 904 260-5363 <small>Date Daytime Phone #</small>		