

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90332 011 \*\*\*150.00

**DOCUMENT # P01000058497**

1. Entity Name

MAGNOLIA MORTGAGE GROUP, INC.



Principal Place of Business

580 CALIBRE DOWNS LANE  
#2505  
PALM HARBOR FL 34684

Mailing Address

POST OFFICE BOX  
CLEARWATER FL

**Change of Address**  
**580 Calibre Downs La**  
**# 2505**  
**Palm Harbor FL 34684**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3725072**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~GENTRY, BOBBY R~~  
~~40347 US HWY. 19 N STE 223~~  
~~TARPON SPRINGS FL 34689~~

Name **Gentry**  
Street **Magnolia Mortgage Group, Inc.**  
**580 Calibre Downs Ln. Ste 2505**  
**Palm Harbor FL 34684**  
**727-647-1422 813-354-4412 efax**  
City **bgentry@magnoliamortgagegroup.com** 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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **GENTRY, BOBBY R**  
STREET ADDRESS **580 CALIBRE DOWNS LANE #2505**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Bobby Gentry* **BOBBY GENTRY**

**4-10-04 727-647-1422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #