

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000063579

Entity Name: MAGNOLIA RESTAURANT, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9617 WESTVIEW DRIVE  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

9617 WESTVIEW DRIVE  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

8060 LAUREL RIDGE COURT  
DELRAY BEACH, FL 33446

FEI Number: 65-1115708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISHER, DAVID L  
9617 WESTVIEW DRIVE  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

FISHER, DAVID L  
8060 LAUREL RIDGE COURT  
DELRAY BEACH, FL 33446 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FISHER, CAROL A  
Address: 8060 LAUREL RIDGE COURT  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VPDT  
Name: FISHER, DAVID L  
Address: 8060 LAUREL RIDGE COURT  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID FISHER

VP

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date