


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000020925 1. Entity Name MAGNOLIA & IVY, INC.	
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Principal Place of Business 147 MARKET STREET INN DESTIN, FL 32550 US	Mailing Address 147 MARKET STREET INN DESTIN, FL 32550 US
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03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3041362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RUNNELS, DAVAGE J III 36468 EMERALD COAST PARKWAY SUITE 2101 DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SNIPES, KAY T 69 LAKE FRONT DRIVE DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD EAGER, THERESA T 4735 PAPAYA PARK DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/26/04-80145-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Kay T. Snipes Kay T. Snipes 3/29/04 850-267-2595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #