


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000054911		
1. Entity Name MAGNOLIA POST, INC.		
Principal Place of Business 600 S MAGNOLIA ST SUITE 250 TAMPA, FL 33606	Mailing Address 600 S MAGNOLIA ST SUITE 250 TAMPA, FL 33606	
DO NOT WRITE IN THIS SPACE		



04252006 No Chg-P CR2E034 (11/05)
4. FEI Number 37-1430247 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PUGH, JEFFREY L 600 S MAGNOLIA ST SUITE 250 TAMPA, FL 33606

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JEFFREY L PUGH

4.28.06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PUGH, JEFFREY L 600 S MAGNOLIA ST SUITE 250 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSON, PAULA 600 S MAGNOLIA ST SUITE 250 TAMPA, FL 33606
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY L PUGH 4.28.06 813-253-382

Date

Daytime Phone #