



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000093527</b> 1. Entity Name MAGNOLIA LEGAL CENTER, INC.	
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Principal Place of Business 212 NORTH COLLINS STREET SUITE 1 PLANT CITY, FL 33563 US	Mailing Address POST OFFICE BOX 2058 PLANT CITY, FL 33564 US
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**DO NOT WRITE IN THIS SPACE**

	
03032004	No Chg-P CR2E034 (10/03)
4. FEI Number 82-0565837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SPARKMAN, STEVEN L 212 NORTH COLLINS STREET SUITE 1 PLANT CITY, FL 33563	<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000080696 03/08/04-80119-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SPARKMAN, STEVEN L 212 N COLLINS ST., STE 1 PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WATKINS, E.C. JR 2010 S BUGG RD PLANT CITY, FL 33567
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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:** Steven L. Sparkman **Steven L. Sparkman** 3-4-2004 813-759-1444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #