

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000002759

1. Entity Name
MAGNOLIA USA, INC.



Principal Place of Business
**4507 SE 16TH PLACE
CAPE CORAL, FL 33904**

Mailing Address
**4507 SE 16TH PLACE
CAPE CORAL, FL 33904**



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
63-1629153

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILBERG, SVEN
6987 HIGHLAND PARK CIR
FORT MYERS, FL 33912**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000284053
04/01/05-80051-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOERMANN, GERHARD
MAGNOLIAWEG 12
D-33649 BIELEFELD GERMANY,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILBERG, ADELHEID
MAGNOLIAWEG 12
D-33649 BIELEFELD GERMANY,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MILBERG, SVEN
6987 HIGHLAND PARK CIR
FORT MYERS, FL 33912**

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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2. 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:

Sven Milberg (SECRETARY) 03-29-2005 (239) 541-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #