

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90078 046 \*\*\*150.00

**DOCUMENT # P03000079043**

1. Entity Name

**MAGNOLIA MANAGEMENT COMPANY, INC.**



Principal Place of Business

**4390 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563**

Mailing Address

**4390 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563**



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-0097210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HIGHTOWER, DAVID E  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32501**

**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, 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 **Long**  
~~LINK~~, PAM  
STREET ADDRESS  
CITY-ST-ZIP **1206 SOUNDVIEW TRAIL  
GULF BREEZE, FL 32563**

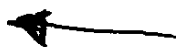
TITLE  
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STREET ADDRESS  
CITY-ST-ZIP



*Please correct  
name change -  
Pamela Long -  
Re: Divorce decree,  
Santa Rosa County, FL*

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

**4/28/06**

Date

**8509322992**

Daytime Phone #