

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90326 048 \*\*\*150.00

**DOCUMENT # P03000112828**

1. Entity Name  
 SOUTHERN MAGNOLIA ENTERPRISES, INC.



Principal Place of Business  
 5135 HAYWOOD RUFFIN ROAD  
 ST CLOUD, FL 34771

Mailing Address  
 200 E ROBINSON STREET SUITE 500  
 ORLANDO, FL 32801

24046203

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 20 N. Orange Ave  
 Suite, Apt. #, etc.  
 SUITE 407

City & State  
 City & State

Zip Country Zip Country



01132004 Chg-P CR2E034 (10/03)

4. FEI Number  
 20-0342024 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

HENDRY STONER DELANCETT & BROWN PA  
 20 N. ORANGE AVENUE  
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 407

City FL Zip Code

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 *M. St. Bean* 4/15/04 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ECKENRODE, PAMELA A	
STREET ADDRESS	5135 HAYWOOD RUFFIN ROAD	
CITY-ST-ZIP	ST CLOUD, FL 34771	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECKENRODE, JOHN R	
STREET ADDRESS	5135 HAYWOOD RUFFIN ROAD	
CITY-ST-ZIP	ST. CLOUD, FL 34771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Pamela A. Eckenrode</i>	
STREET ADDRESS	5135 Haywood Ruffin Rd	
CITY-ST-ZIP	St. Cloud FL 34771	
TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>John R. Eckenrode</i>	
STREET ADDRESS	5135 Haywood Ruffin Rd.	
CITY-ST-ZIP	St. Cloud FL 34771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Pamela A. Eckenrode* *Pamela A. Eckenrode* 2/13/04 321-624-2939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #