

# 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

3. Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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, 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  
NAME ECKENRODE, PAMELA A  
STREET ADDRESS 5135 HAYWOOD RUFFIN ROAD  
CITY-ST-ZIP ST CLOUD, FL 34771 ☐ Delete

TITLE D  
NAME ECKENRODE, JOHN R  
STREET ADDRESS 5135 HAYWOOD RUFFIN ROAD  
CITY-ST-ZIP ST CLOUD, FL 34771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D P S  
NAME Pamela A. Eckenrode ☒ Change ☐ Addition  
STREET ADDRESS 5135 Haywood Ruffin Rd  
CITY-ST-ZIP St. Cloud FL 34771

TITLE D P S  
NAME John R. Eckenrode ☒ Change ☐ Addition  
STREET ADDRESS 5135 Haywood Ruffin Rd.  
CITY-ST-ZIP St. Cloud FL 34771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 #