

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121768

FILED
Sep 09, 2004
Secretary of State

Entity Name: MAGNOLIA MANOR HOSPITALITY, INC.

Current Principal Place of Business:

505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD, FL 32779

New Principal Place of Business:

1008 MAGNOLIA DRIVE
AUGUSTA, GA 30904

Current Mailing Address:

505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD, FL 32779

New Mailing Address:

9403 KENWOOD ROAD
SUITE C110
CINCINNATI, OH 45242

FEI Number: 20-0798763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALNAKER, WALLACE F JR.
505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD, FL 32779

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACK, IAN C
Address: 505 WEKIVA SPRINGS RD., STE. 500
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: WALKER, ROBERT L
Address: 505 WEKIVA SPRINGS RD., STE. 500
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: HORD, MARGARET
Address: 505 WEKIVA SPRINGS RD., STE. 500
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN JACK

PD

09/09/2004

Electronic Signature of Signing Officer or Director

Date