

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124323

FILED  
Mar 01, 2004  
Secretary of State

Entity Name: MAGNOLIA GREEN SERVICES, INC.

## Current Principal Place of Business:

1659 WESTWIND DR  
JACKSONVILLE BCH, FL 32250

## New Principal Place of Business:

2860 FOREST BLVD  
JACKSONVILLE, FL 32246

## Current Mailing Address:

P.O.BOX 51179  
JACKSONVILLE BCH, FL 32250

## New Mailing Address:

P.O.BOX 51179  
JACKSONVILLE BCH, FL 32240

FEI Number: 20-0739234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KOOP, CHAD E  
1659 WESTWIND DR  
JACKSONVILLE BCH, FL 32250

## Name and Address of New Registered Agent:

HAYNES, WYATT E  
2860 FOREST BLVD  
JACKSONVILLE, FL 32246

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: WYATT E. HAYNES

03/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KOOP, CHAD E  
Address: 1659 WESTWIND DR  
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: ST ( ) Delete  
Name: KOOP, MARTY K  
Address: 1659 WESTWIND DR  
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAYNES, WYATT E  
Address: 2860 FOREST BLVD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ST (X) Change ( ) Addition  
Name: HAYNES, BRIDGETTE A  
Address: 2860 FOREST BLVD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: TR ( ) Change (X) Addition  
Name: WEBER, SCOTT  
Address: 2860 FOREST BLVD  
City-St-Zip: JACKSONVILLE, FL 32246

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: WYATT E. HAYNES

PD

03/01/2004

Electronic Signature of Signing Officer or Director

Date