


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-04-2006 90228 048 ***150.00

DOCUMENT # P03000139344 1. Entity Name MAGNOLIA HARDWOOD FLOORS INC		
Principal Place of Business 43 SHAWNEE TR CRAWFORDVILLE, FL 32327	Mailing Address 43 SHAWNEE TR CRAWFORDVILLE, FL 32327	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent GREENE, TRAVIS 43 SHAWNEE TR CRAWFORDVILLE, FL 32327		DO NOT WRITE IN THIS SPACE
9. 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, TRAVIS B 43 SHAWNEE TR CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, MICHAEL 1228 TURNIP PATCH TALLAHASSEE, FL 32310	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6-8-06 Daytime Phone # 926-4761