

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157561

Entity Name: MAGNOLIA ENTERPRISES, INC.

FILED  
Sep 30, 2004  
Secretary of State

**Current Principal Place of Business:**

5945 SMITH CREEK RD  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**  
5945 SMITH CREEK RD  
TALLAHASSEE, FL 32310

**New Mailing Address:**

FEI Number:  FEI Number Applied For (X)  FEI Number Not Applicable ( )  Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:** **Name and Address of New Registered Agent:**

BARRS, TERESA B  
5945 SMITH CREEK RD  
TALLAHASSEE, FL 32310 US

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: D  Delete  
Name: BARRS, JAMES W  
Address: 5945 SMITH CREEK RD  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D  Delete  
Name: BARRS, TERESA B  
Address: 5945 SMITH CREEK RD  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D  Delete  
Name: BARRS, JAMES C  
Address: 5024 TILLIE LANE  
City-St-Zip: TALLAHASSEE, FL 32305

**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 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: TERESA B. BARRS

D

09/30/2004

Electronic Signature of Signing Officer or Director

Date