

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90158 006 ***150.00

DOCUMENT # P04000021601

1. Entity Name
MAGNOLIA KEY DEVELOPMENT, INC.



Principal Place of Business
**242 FIFTH AVE.
INDIALANTIC, FL 32903-3307**

Mailing Address
**P.O. BOX 33307
INDIALANTIC, FL 32903-3307**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-0720773

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANCILIA, JOHN R
1800 WEST HIBISCUS BLVD., STE. 138
MELBOURNE, FL 32901**

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **COCHRAN, ROBERT L SR.**
STREET ADDRESS **242 FIFTH AVE.**
CITY-ST-ZIP **INDIALANTIC, FL 329033307**

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

TITLE **STD** ☐ Delete
NAME **COCHRAN, EVA M**
STREET ADDRESS **242 FIFTH AVE.**
CITY-ST-ZIP **INDIALANTIC, FL 329033307**

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

TITLE **VPD** ☐ Delete
NAME **COCHRAN, ROBERT L JR.**
STREET ADDRESS **242 FIFTH AVE.**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

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

TITLE **VPD** ☒ Delete
NAME **MILLER, SUSAN D**
STREET ADDRESS **990 SPRING OAK DR.**
CITY-ST-ZIP **MELBOURNE, FL 32901**

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

TITLE **VP** ☐ Delete
NAME **DAVIS, CLINTON D**
STREET ADDRESS **428 VERACRUZ BLVD**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: Eva Mae Cochran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08 321.223.0406
Date Daytime Phone #