

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021601

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: MAGNOLIA KEY DEVELOPMENT, INC.

## Current Principal Place of Business:

242 FIFTH AVE.  
INDIALANTIC, FL 329033307

## New Principal Place of Business:

242 FIFTH AVE.  
INDIALANTIC, FL 32903 US

## Current Mailing Address:

P.O. BOX 33307  
INDIALANTIC, FL 329033307

## New Mailing Address:

P.O. BOX 33307  
INDIALANTIC, FL 32903 US

FEI Number: 20-0720773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

COCHRAN, ROBERT L JR.  
242 FIFTH AVENUE  
INDIALANTIC, FL 32903 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: ROBERT L. COCHRAN, JR.

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COCHRAN, ROBERT L SR.  
Address: 242 FIFTH AVE.  
City-St-Zip: INDIALANTIC, FL 329033307

Title: STD ( ) Delete  
Name: COCHRAN, EVA M  
Address: 242 FIFTH AVE.  
City-St-Zip: INDIALANTIC, FL 329033307

Title: VPD (X) Delete  
Name: COCHRAN, ROBERT L JR.  
Address: 242 FIFTH AVE.  
City-St-Zip: INDIALANTIC, FL 32903

Title: VP (X) Delete  
Name: DAVIS, CLINTON D  
Address: 428 VERACRUZ BLVD  
City-St-Zip: INDIALANTIC, FL 32903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: COCHRAN, ROBERT L JR.  
Address: 242 FIFTH AVE.  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: ST (X) Change ( ) Addition  
Name: BROOKS, LINDA  
Address: 575 COCONUT ST  
City-St-Zip: SATELLITE BEACH, FL 32937 US

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 Chapter 119, 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: ROBERT L. COCHRAN, JR.

DP

04/23/2009

Electronic Signature of Signing Officer or Director

Date