


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90365 039 ***150.00

DOCUMENT # P04000080031 1. Entity Name MAGNOLIA AT DEFUNIAK SPRINGS, INC.					
Principal Place of Business 1 KRISTIN CIRCLE NICEVILLE, FL 32578			Mailing Address 1 KRISTIN CIRCLE NICEVILLE, FL 32578		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 100 Greenway Rd Dawsonville			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State GA			
Zip 	Country 	Zip 30534	Country 	4. FEI Number 03-0542495	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, PARKER B 1219 AIRPORT ROAD SUITE 311 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTS, CARL B 1212 OAKMONT DRIVE NICEVILLE, FL 32578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECKERT, LEROY A 100 Greenway Rd Dawsonville, GA 30534	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ECKERT, LEROY A 1 KRISTIN CIRCLE NICEVILLE, FL 32578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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: _____			Date: 4/18/08		