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

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI					04-28-2008 90365 039 ***150.00				
DOCUMENT # P0400080031 1. Entity Name MAGNOLIA AT DEFUNIAK SPRINGS, INC.					40085	:52 7			
Principal Plac	e of Business	Mailing Address		···•	i guuo) J H I			
1 KRISTIN CI			•]				
NICEVILLE, F		1 KRISTIN CIRCLE NICEVILLE, FL 32578							
INICE VILLE, I	L 32376	MICE VILLE, IL 32370							
						ITHI ATRI BAND BAND BAN	1 67710 1 (7 811) 677 11 67841 (1161 (1		
2. Principal P	Mace of Business - No P.O. Box #	3. Mailing Address		7 /					
		100 Gree	NUDALLI	<u>(d</u>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	11 C		04232008	Chg-P	CR2E034 (12/06)		
City & Stat		DAUSONV.	116		4 55111				
City & Stat	e	City & State			4. FEI Numbe 03-0542			oplied For of Applicable	
Zip	Country	Zip	Country				_ \$8.75 Add		
	*.	3553U	,		5. Certificate	of Status Desired	Fee Require		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent		
			Name	-					
SMITH, PARKER B									
1219 AIRPORT ROAD				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 311 DESTIN, F			<u> </u>		·				
DESTIN, I	14				·				
			City				FL Zip Cod	e i	
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office o	r register	red agent, or both	n, in the State of Flo	rida. I am familiar with.	and accept	
the obligat	tions of gegistered agent.		•	Ū	J .		,		
	3								
SIGNATURE.	Signature, typed or printed name of registered agent	and title 4 applicable. (NOTE:	Regulered Agent signal	ture required	when reinstating)		DATE		
	•	- 1			· · · · · · · · · · · · · · · · · · ·				
	E NOWIII. FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contril			.00 May Be led to Fees				
10	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECTOR	S IN 11	
TALE	PD	Delete	TITLE				Change	☐ Addition	
NAME	WATTS, CARL B		NAME						
STREET ADDRESS	1212 OAKMONT DRIVE		STREET ADDRESS						
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP						
TITLE	VSTD	☐ Delete	TITLE	156	Kert, Lei	way Re Me,GA	. Change	☐ Addition	
NAME	ECKERT, LEROY A		NAME	100	career	way Ke	40		
STREET ADDRESS	1 KRISTIN CIRCLE		STREET ADDRESS	DA	wsonvi	He,GA 3	3 <i>0</i> 534		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	<u> </u>		•			
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					
TITLE	1	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		,	CITY-ST-ZIP	ļ					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS	}				}	
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				<u></u>	
TITLE	1	☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME	Ì					
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	l/_		CITY-ST-ZIP	-					
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemptions of	contained	in Chapter 119,	Florida Statutes. I	further certify that the in	nformation	
of the cor	certify that the information supplied with I on this report of supplemental report is poration or the receiver of trustee emp	wered to execute this report a	s required by Ch.	apter 607	ञ्चार regal errect 7. Florida Statutes	as it made under ones; and that my name	e appears in Block 10 o	r Block 11 if	
changed	, or on an attachment with an address,	with all other like empowered.				1 _			
010114	TIPE - JAM AF				النا	[Salar		ļ	
SIGNAT	UKE: WALLY	PRINTED NAME OF SIGHING OFFICER O				10100	Daytime Phone ≇		