

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000045296

FILED
Apr 04, 2012
Secretary of State

Entity Name: MAGNOLIA INSURANCE SERVICES, INC

Current Principal Place of Business:

622 SW BRODERICK DRIVE
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

622 SW BRODERICK DRIVE
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 45-2461160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKWOOD, GAIL
622 SW BRODERICK DRIVE
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: LOCKWOOD, GAIL
Address: 622 SW BRODERICK DRIVE
City-St-Zip: LAKE CITY, FL 32025 US

I hereby 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 all other like empowered.

SIGNATURE: GAIL LOCKWOOD

P

04/04/2012

Electronic Signature of Signing Officer or Director

Date