


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P13194		
1. Entity Name MAGNOLIA MARKETING CO.		

Principal Place of Business 809 JEFFERSON HWY BOX 53,333 NEW ORLEANA, LA 70153	Mailing Address 809 JEFFERSON HWY BOX 53,333 NEW ORLEANA, LA 70153
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DO NOT WRITE IN THIS SPACE



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 72-0371288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDRING, WILLIAM 5101 ST CHARLES NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BLACKWELL, WILLIAM 125 RUCKER ROAD MANDEVILLE, LA 70471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDRING, JANE 5101 ST CHARLES NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FINE, PAUL 6 IBIS ST NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/05/05-80036-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William J Blackwell WILLIAM J BLACKWELL 6/28/05 504-837-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #