


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 19 AM 8:54

DOCUMENT # P93000017563 1. Entity Name MAGNOLIA AUTO SERVICE CENTER, INC.	
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Principal Place of Business 221 E MAGNOLIA DR TALLAHASSEE, FL 32301 US	Mailing Address 221 E MAGNOLIA DR TALLAHASSEE, FL 32301 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country	4. FEI Number 59-3168338	Applied For <input type="checkbox"/> Not Applicable
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04192007 Chg-P CR2E034 (12/06)

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent HUDSON, WILLIAM JR 5609 MOSSY TOP WAY TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete BLOUNT, JAMES E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	221 E. MAGNOLIA DRIVE	NAME	
STREET ADDRESS	TALLAHASSEE, FL 32301	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	RA <input type="checkbox"/> Delete HUDSON, WILLIAM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5609 MOSSY TOP WAY	NAME	
STREET ADDRESS	TALLAHASSEE, FL 32303	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete BLOUNT, JAREDD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	221 E MAGNOLIA DR	NAME	
STREET ADDRESS	TALLAHASSEE, FL 32301	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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04/23/07--01005--026 **150.00

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: James E Blount 4/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #