2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# P93000050582

Entity Name: SWEET MAGNOLIAS, INC.

Current Principal Place of Business:

8260 ARLINGTON EXPWY
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11679
JAX, FL 322391679 US

New Mailing Address:

FEI Number: 59-3188908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COFFMAN, JAMES R
4816 CHARLES BENNETT DR.
JAX, FL 32225 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LUCEY, BONNIE
Address: 12143 SPRINGMOOR NINE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD ( ) Delete
Name: COFFMAN, JAMES R.,
Address: 4816 CHARLES BENNETT DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD ( ) Delete
Name: COFFMAN, SHARON,
Address: 4816 CHARLES BENNETT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete
Name: LUCEY, MICHAEL
Address: 12143 SPRINGMOOR NINE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON COFFMAN TREA 01/27/2009

Electronic Signature of Signing Officer or Director Date