

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90003 037 ***150.00

DOCUMENT # P95000088809

1. Entity Name

MAGNOLIA GRILL OF FORT WALTON BEACH, INC.



Principal Place of Business

157 SE BROOKS ST
FT. WALTON FL 32548

Mailing Address

911 MIDDLE DRIVE
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

157 SE BROOKS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NONE

City & State

City & State

FT WALTON BEACH, FL

Zip

Country

Zip

Country

32548

32548

OKALOOSA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3354588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, THOMAS S
911 MIDDLE DRIVE
FT. WALTON FL 32548

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RICE, THOMAS S
STREET ADDRESS 911 MIDDLE DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Thomas S. Rice

2/6/04

860-302-0266

Date

Daytime Phone #