

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089839

Entity Name: SWEET MAGNOLIA INN, INC.

FILED  
Apr 21, 2006  
Secretary of State

## Current Principal Place of Business:

803 PORT LEON DR  
ST MARKS, FL 32355

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 335  
ST MARKS, FL 32355

## New Mailing Address:

FEI Number: 59-3357386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, MARY ANN  
803 PORT LEON DRIVE  
SAINT MARKS, FL 32355 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: OP ( ) Delete  
Name: CAMPBELL, MARY ANN  
Address: PO BOX 266, 803 PORT LEON DR  
City-St-Zip: SAINT MARKS, FL 32355

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY ANN CAMPBELL

OP

04/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date