


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90026 004 \*\*\*158.75

<b>DOCUMENT # P95000095595</b> 1. Entity Name <b>MAGNOLIA MACHINE COMPANY</b>					
Principal Place of Business <b>1088 HIGHWAY 92 W AUBURNDALE, FL 33823</b>			Mailing Address <b>P.O. BOX 657 AUBURNDALE, FL 33823</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3362249</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HUFSTEDLER, BRUCE E 808 LAKE LARCH LOOP LAKELAND, FL 33805</b>			7. Name and Address of New Registered Agent Name <b>BRUCE E. HUFSTEDLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>521 HUNTERS RUN BLVD.</b> City <b>LAKELAND</b> <b>FL</b> Zip Code <b>33809</b>		
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 <u><i>Bruce E. Hufstedler</i></u> <b>BRUCE E. HUFSTEDLER, V.P.</b> <b>01/04/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HUFSTEDLER, BRUCE 808 LAKE LARCH LOOP LAKELAND, FL 33805</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>521 HUNTERS RUN BLVD. LAKELAND FL 33809</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>HUFSTEDLER, JEFF A. 3344 SUMMERLAND HILLS LOOP LAKELAND, FL 33813</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ARMSTRONG, DAN 4220 WATER OAKS LANE TAMPA, FL 33624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Bruce E. Hufstedler</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>BRUCE E. HUFSTEDLER</b> <b>01/04/06</b> <b>863 965-8201</b> <small>Date Daytime Phone #</small>			