


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000040405		
1. Entity Name THE MAGNOLIA CORPORATION OF LAKE COUNTY		
Principal Place of Business 101 S 11TH ST STE 4 LEESBURG, FL 34748 US		Mailing Address 101 S 11TH ST STE 4 LEESBURG, FL 34748 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PUGLIA, JACQUELYN E 101 S 11TH ST SUITE 4 LEESBURG, FL 34748		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGLIA, JACQUELYN E 101 S 11TH ST, STE 4 LEESBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISMAL, AKRAM 8100 COUNTY RD 44, LEG A LEESBURG, FL 34788	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: <i>Jacquelyn E. Puglia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/6/04 Daytime Phone # (352) 787-5619

JACQUELYN E. PUGLIA



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3376853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000109878
04/12/04-80061-003 150.00

**DO NOT WRITE
IN THIS SPACE**