


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000040405</b> 1. Entity Name <b>THE MAGNOLIA CORPORATION OF LAKE COUNTY</b>																																																		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">           Principal Place of Business  <b>101 S 11TH ST STE 4 LEESBURG, FL 34748 US</b> </td> <td style="width: 50%; vertical-align: top;">           Mailing Address  <b>101 S 11TH ST STE 4 LEESBURG, FL 34748 US</b> </td> </tr> </table>			Principal Place of Business <b>101 S 11TH ST STE 4 LEESBURG, FL 34748 US</b>	Mailing Address <b>101 S 11TH ST STE 4 LEESBURG, FL 34748 US</b>																																														
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<b>6. Name and Address of Current Registered Agent</b>  <b>PUGLIA, JACQUELYN E 101 S 11TH ST SUITE 4 LEESBURG, FL 34748</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>																																																
<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.</b>  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 70%;">PUGLIA, JACQUELYN E</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>101 S 11TH ST, STE 4</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>LEESBURG, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>ISMAL, AKRAM</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>8100 COUNTY RD 44, LEG A</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>LEESBURG, FL 34788</td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D	PUGLIA, JACQUELYN E	NAME			STREET ADDRESS		101 S 11TH ST, STE 4	CITY-ST-ZIP		LEESBURG, FL	TITLE	D	ISMAL, AKRAM	NAME			STREET ADDRESS		8100 COUNTY RD 44, LEG A	CITY-ST-ZIP		LEESBURG, FL 34788	TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
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<div style="text-align: right; font-family: monospace;">             U00000327227              04/25/05-80029-005 150.00           </div> <div style="text-align: center; padding: 20px;"> <h2>DO NOT WRITE IN THIS SPACE</h2> </div>																																																		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>																																																		
<b>SIGNATURE:</b> <i>Jacquelyn E Puglia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>4/21/05</b> Daytime Phone #: <b>(952) 787-5617</b>																																																



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