

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041172

FILED
Mar 25, 2009
Secretary of State

Entity Name: MAGNOLIA RETIREMENT HOME, INC.

Current Principal Place of Business:

149 MAGNOLIA AVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

149 MAGNOLIA AVE
SEBRING, FL 33870

New Mailing Address:

FEI Number: 65-0672055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMISIW, MANUEL M
149 MAGNOLIA AVE
SEBRING, FL 33870 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: D () Delete
Name: DOMISIW, MANUEL M
Address: 17040 BRIDLEPATH CT
City-St-Zip: LUTZ, FL 335495297

Title: D () Delete
Name: DOMISIW, PRISCILLA C
Address: 17040 BRIDLEPATH CT
City-St-Zip: LUTZ, FL 335495297

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DOMISIW, MANUEL M
Address: 17040 BRIDLEPATH CT
City-St-Zip: LUTZ, FL 33558 US

Title: D (X) Change () Addition
Name: DOMISIW, PRISCILLA C
Address: 17040 BRIDLEPATH CT
City-St-Zip: LUTZ, FL 33558 US

I hereby certify that the information supplied with this filing does not qualify 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: MANUEL M. DOMISIW

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date