
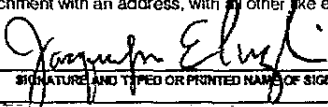


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000094665		
1. Entity Name MAGNOLIA 27 CORPORATION		
Principal Place of Business 101 S 11TH ST SUITE 4 LEESBURG, FL 34748 US		Mailing Address 101 S 11TH ST SUITE 4 LEESBURG, FL 34748 US
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent PUGLIA, JACQUELYN E 101 S 11TH ST STE 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 reissuing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D	
NAME	PUGLIA, JACQUELYN E MD	
STREET ADDRESS	101 S 11TH, SUITE 4	
CITY-ST-ZIP	LEESBURG, FL	
TITLE	D	
NAME	ISMAIL, AKRAM MD	
STREET ADDRESS	8100 COUNTY ROAD 44, LEG A	
CITY-ST-ZIP	LEESBURG, FL 34788	
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 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 or other like empowered.		
SIGNATURE: 		4/12/06 (352) 787-5617
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3410196 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000525492
05/04/06-80033-007 150.00

**DO NOT WRITE
IN THIS SPACE**