



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000047349			
1. Entity Name MAGNOLIA GROVES, INC.			
Principal Place of Business 255 MAGNOLIA AVENUE SW WINTER HAVEN, FL 33880	Mailing Address 255 MAGNOLIA AVENUE SW WINTER HAVEN, FL 33880		
DO NOT WRITE IN THIS SPACE			
		03022006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3450315	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STRAUGHN, RICHARD E 255 MAGNOLIA AVENUE SW WINTER HAVEN, FL 33880		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)</small>			
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		03/22/06-80047-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, MARK G 255 MAGNOLIA AVENUE SW WINTER HAVEN, FL 33880		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUGHN, RICHARD E 255 MAGNOLIA AVENUE SW WINTER HAVEN, FL 33880		
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DO NOT WRITE IN THIS SPACE			
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>infak S. J.</i></u>		President	3/07/06 (863) 293-1184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #