


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000093102		
1. Entity Name MAGNOLIA PLACE, INC.		

**FILED**

05 AUG 23 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2767 RAYMOND DIEHL RD TALLAHASSEE, FL 32308	Mailing Address P.O. BOX 14249 TALLAHASSEE, FL 32317-4249
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2. Principal Place of Business	3. Mailing Address <i>5373 Applecree Lane</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>TALL. FL. 32309</i>
City & State	City & State <i>TALL. FL.</i>
Zip	Zip <i>32309</i>
Country	Country <i>LEON</i>



08232005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3475643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  OLIVE, CAROLYN D 2639 CENTRE POINTE BLVD. SUITE 201 TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LYNCH, ANGELA B 2767 RAYMOND DIEHL RD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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200059237252  
09/01/05--01028--010 \*\*150.00

*[Signature]*  
8/23

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: *[Signature]* Date: *Aug-23, 2005* Daytime Phone # \_\_\_\_\_