


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000000564 1. Entity Name MAGNOLIA TOP TOTS, INC.	
--	---

Principal Place of Business 995 KELVIN COURT CRESTVIEW, FL 32536 US	Mailing Address 995 KELVIN COURT CRESTVIEW, FL 32536 US
---	---



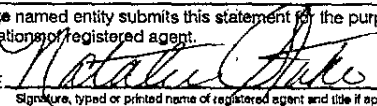
06022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3484783	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 STOKES, NATALIE 447 BENJAMIN STREET CRESTVIEW, FL 32536

**DO NOT WRITE
IN THIS SPACE**

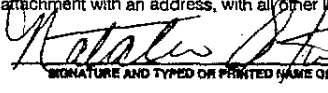
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  16-2-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
--

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOKES, EDNA F 447 BENJAMIN STREET CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOKES, NATALIE 447 1/2 BENJAMIN STREET CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOKES, KIESHA 447 BENJAMIN STREET CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000369209
06/08/05-80004-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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. SIGNATURE:  16-2-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
--