

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067601

Entity Name: WHITE MAGNOLIA, INC.

FILED
Jul 17, 2009
Secretary of State

Current Principal Place of Business:

1057 A1A BEACH BLVD
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1057 A1A BEACH BLVD
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3524681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOEVER, PATRICIA
711 CAMELA TR
SAINT AUGUSTINE, FL 32086 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: PD () Delete
Name: ABRAMS, MITZI
Address: 709 CAMELIR TR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VTS () Delete
Name: HOEVER, PATRICIA
Address: 711 CAMELIA TR
City-St-Zip: ST AUGUSTINE, FL 32086

Title: S () Delete
Name: BISOGNO, DAVID
Address: 121 A RIO DEL MAR RD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA HOEVER

MRS.

07/17/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date