

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067601

Entity Name: WHITE MAGNOLIA, INC.

FILED  
Apr 14, 2010  
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  
Name: ABRAMS, MITZI  
Address: 709 CAMELIR TR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA HOEVER

VT

04/14/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date