


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90071 012 ***150.00

DOCUMENT # P98000108458	
1. Entity Name MAHOGANY MILL ROAD CORPORATION	

Principal Place of Business 1220 MAHOGANY MILL RD. PENSACOLA FL 32507	Mailing Address 10346 COUNTY ROAD 99 LILLIAN AL 36549 US
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2. Principal Place of Business 1220 Mahogany Mill Rd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 97 Suite, Apt. #, etc.
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City & State Pensacola FL	City & State Safford, AL
Zip 32507	Zip 36773
Country USA	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent WEBER, JAMES M 3 WEST GARDEN ST., 7TH FLOOR PENSACOLA FL 32501	
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4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIRGIN, WILLIAM B JR. 10346 COUNTY RD. 99 LILLIAN AL 36549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VIRGIN, LINDA S 10346 COUNTY RD. 99 LILLIAN AL 36549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William B. Virgin, Jr. - Wm B. Virgin Jr **3/24/04** **334-573-9197**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #