2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# S51387

Entity Name: MAGNOLIA DEVELOPMENT, INC.

Current Principal Place of Business:

118 STILLWATER RD
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

118 STILLWATER RD
FREEPORT, FL 32439

New Mailing Address:

541 MCDANIEL FISHCAMP RD
FREEPORT, FL 32439

FEI Number: 59-3076803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGFORD, KENNETH
118 STILLWATER RD
FREEPORT, FL 32439

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: P ( ) Delete
Name: COMMANDER, W.L.,
Address: RM WARD RD
City-St-Zip: WESTVILLE, FL

Title: S ( ) Delete
Name: LANGFORD, KENNETH,
Address: 118 STILLWATER RD
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Delete
Name: COMMANDER, RUTH,
Address: COUNTY ROAD 181
City-St-Zip: PONCE DE LEON, FL

Title: VP ( ) Delete
Name: LANGFORD, MICHAEL L
Address: THOMASVILLE RD, APT C-306
City-St-Zip: TALLAHASSEE, FL 32308

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL LANGFORD VP 02/18/2004

Electronic Signature of Signing Officer or Director — Date