2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51387

FILED Apr 26, 2005 Secretary of State

Entity Name: MAGNOLIA DEVELOPMENT, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	VATER RD T, FL 32439					
Current Mailing Address:			New Maili	New Mailing Address:		
	NIEL FISHCAN T, FL 32439	MP RD				
FEI Number:	59-3076803	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
LANGFORD, KENNETH 118 STILLWATER RD FREEPORT, FL 32439 US			541 MCDA	LANGFORD, LUKE 541 MCDANIEL FISHCAMP RD FREEPORT, FL 32439 US		
The above in the State		ubmits this statement for the p	ourpose of changing i	ts register	red office or registered agent, or both,	
SIGNATURE: LUKE LANGFORD				04/26/2005		
	Electroni	c Signature of Registered Age	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () COMMANDER, V RM WARD RD WESTVILLE, FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () LANGFORD, KE 118 STILLWATE FREEPORT, FL	R RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () COMMANDER, I COUNTY ROAD PONCE DE LEC	181	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	VP ()	Delete	Title:	VP	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

LANGFORD, MICHAEL L

FREEPORT, FL 32439

541 MCDANIEL FISHCAMP RD

SIGNATURE: MICHAEL LANGFORD VΡ 04/26/2005

LANGFORD, MICHAEL L

TALLAHASSEE, FL 32308

THOMASVILLE RD, APT C-306

Name:

Address:

City-St-Zip: