

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51387

FILED  
Feb 18, 2004  
Secretary of State

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