

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51387

**FILED**  
**Apr 30, 2011**  
**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:**

2980 R M WARD RD  
PONCE DE LEON, FL 32455

**New Mailing Address:**

2980 R M WARD RD  
PONCE DE LEON, FL 32455

**FEI Number:** 59-3076803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANGFORD, LUKE  
1990 DOUBLE POND LANE  
PONCE DE LEON, FL 32455 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LANGFORD, MICHAEL L  
Address: 1990 DOUBLE POND LANE  
City-St-Zip: PONCE DE LEON, FL 32455

Title: VP  
Name: LANGFORD, KENNETH  
Address: 118 STILLWATER RD  
City-St-Zip: FREEPORT, FL 32439

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: MICHAEL L LANGFORD

P

04/30/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date