

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2004 08:00 AM

Secretary of State

DOCUMENT # F00000005023

1. Entity Name
MAGNOLIA ENGINEERING GROUP, INC.



Principal Place of Business

469 SPRINGHILL RD.
LAUREL, MS 39443

Mailing Address

469 SPRINGHILL RD.
LAUREL, MS 39443

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
64-0918343

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000031394
02/04/04-80147-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIGHTSEY, DUDLEY C P.E.
STREET ADDRESS	312 FRONT STREET
CITY-ST-ZIP	LAUREL, MS 39440
TITLE	V
NAME	WALKER, RICHARD L II, PLS
STREET ADDRESS	312 FRONT STREET
CITY-ST-ZIP	LAUREL, MS 39440
TITLE	S
NAME	MOONEY, ROBERT G
STREET ADDRESS	312 FRONT STREET
CITY-ST-ZIP	LAUREL, MS 39440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X Robert G. Mooney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04 601-729-5600

Date Daytime Phone #