

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90104 007 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LIGHTSEY, DUDLEY C P.E.
STREET ADDRESS 312 FRONT STREET
CITY-ST-ZIP LAUREL MS 39440

TITLE V ☒ Delete
NAME WALKER, RICHARD L II, PLS
STREET ADDRESS 312 FRONT STREET
CITY-ST-ZIP LAUREL MS 39440

TITLE S ☐ Delete
NAME MOONEY, ROBERT G
STREET ADDRESS 312 FRONT STREET
CITY-ST-ZIP LAUREL MS 39440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME (address only)
STREET ADDRESS 469 Springhill Road
CITY-ST-ZIP Laurel MS 39443

TITLE V ☒ Change ☐ Addition
NAME ROBERT E. MOONEY
STREET ADDRESS 469 SPRINGHILL ROAD
CITY-ST-ZIP LAUREL MS 39443

TITLE S ☒ Change ☒ Addition
NAME MELINDA HUEBNER
STREET ADDRESS 469 SPRINGHILL ROAD
CITY-ST-ZIP LAUREL MS 39443

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dudley C. Lightsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

601-729-5600

Daytime Phone #