

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M79294

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: MAGNOLIA NEW HOMES AND RENOVATIONS, INC.

## Current Principal Place of Business:

5000 MOBILE HWY.  
SUITE 7  
PENSACOLA, FL 32506 US

## New Principal Place of Business:

## Current Mailing Address:

5000 MOBILE HWY.  
SUITE 7  
PENSACOLA, FL 32506 US

## New Mailing Address:

FEI Number: 59-2886840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEMING, EDWARD P.  
4300 BAYOU BLVD.  
SUITE 13  
PENSACOLA, FL 32503 US

## Name and Address of New Registered Agent:

FLEMING, EDWARD P.  
25 W. GOVERNMENT  
PENSACOLA, FL 32502 US

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: EDWARD P.FLEMING

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LIECHTY, DARRELL  
Address: 3443 MAIKAI DR.  
City-St-Zip: PENSACOLA, FL 32526

Title: VP ( ) Delete  
Name: LIECHTY, JONATHAN  
Address: 12469 RED CLOUD DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: S ( ) Delete  
Name: HOUSEKNECHT, NEAL  
Address: 4575 TREELINE DRIVE  
City-St-Zip: PENSACOLA, FL 32504

## 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DARRELL L. LIECHTY

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date