

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90078 013 ***150.00

DOCUMENT # P02000093527 1. Entity Name MAGNOLIA LEGAL CENTER, INC.					
Principal Place of Business 212 NORTH COLLINS STREET SUITE 1 PLANT CITY, FL 33563 US			Mailing Address POST OFFICE BOX 2058 PLANT CITY, FL 33564 US		
2. Principal Place of Business - No P.O. Box # 102 W. Reynolds St.		3. Mailing Address Suite, Apt. #, etc. Suite 201			
City & State Plant City, FL		City & State Plant City, FL		4. FEI Number 82-0565837	
Zip 33563		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPARKMAN, STEVEN L 212 NORTH COLLINS STREET SUITE 1 PLANT CITY, FL 33563				7. Name and Address of New Registered Agent Name Sparkman, Steven L. Street Address (P.O. Box Number is Not Acceptable) 102 W. Reynolds Street Suite 201 City Plant City FL Zip Code 33563	
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 <u><i>Steven L. Sparkman</i></u> Steven L. Sparkman <u><i>April 6, 2007</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST SPARKMAN, STEVEN L 212 N COLLINS ST., STE 1 PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Sparkman, Steven L. 102 W. Reynolds St., Ste. 201 Plant City, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Steven L. Sparkman</i></u> Steven L. Sparkman <u><i>April 6, 2007</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			813-759-1444 <small>Daytime Phone #</small>		

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