

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90002 013 ***550.00

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| DOCUMENT # P03000112828 1. Entity Name SOUTHERN MAGNOLIA ENTERPRISES, INC. | | | | | |
| Principal Place of Business 5135 HAYWOOD RUFFIN ROAD ST CLOUD, FL 34771 US | | | Mailing Address 20 N. ORANGE AVE., STE 407 STE 600 ORLANDO, FL 32801 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address <i>20 N. ORANGE AVE.</i> Suite, Apt. #, etc. <i>SUITE 600</i> City & State <i>Orlando, FL</i> Zip <i>32801</i> | | 01172006 Chg-P CR2E034 (11/05) 4. FEI Number 20-0342024 | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HENDRY STONER DELANCETT & BROWN PA 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 | | | | 7. Name and Address of New Registered Agent Name Hendry, Stoner, Calandrino & Brown, P.A. 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. By: <i>Hendry, Stoner, Calandrino & Brown, P.A.</i> <i>2/6/06</i> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | DPS ECKENRODE, PAMELA A 5135 HAYWOOD RUFFIN ROAD ST CLOUD, FL 34771 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP ECKENRODE, JOHN R 5135 HAYWOOD RUFFIN ROAD ST CLOUD, FL 34771 | <input type="checkbox"/> Delete | | | |
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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: <i>Pamela A Eckenrode</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2/11/06 321-624-2939 <small>Date Daytime Phone #</small> | | |