


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90042 043 \*\*\*150.00

<b>DOCUMENT # P03000112828</b> 1. Entity Name <b>SOUTHERN MAGNOLIA ENTERPRISES, INC.</b>					
Principal Place of Business <b>5135 HAYWOOD RUFFIN ROAD</b> <b>ST CLOUD, FL 34771 US</b>			Mailing Address <del>20 N. ORANGE AVE.</del> <del>SUITE 600</del> <del>ORLANDO, FL 32801 US</del>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>✓ 5135 Haywood Ruffin Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>St. Cloud</b>		4. FEI Number <b>20-0342024</b>	
Zip		Country <b>Fl.</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country <b>34771</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HENDRY STONER DELANCEY &amp; BROWN PA</b> <b>20 N. ORANGE AVENUE</b> <b>SUITE 600</b> <b>ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>✓ Pamela A Eckenrode</b> Street Address (P.O. Box Number is Not Acceptable) <b>5135 Haywood Ruffin Rd</b> City <b>Saint Cloud</b> <b>FL</b> Zip Code <b>34771</b>		
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 <b>Pamela A Eckenrode</b> <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>			DATE <b>2/11/07</b> <small>(NOTE: Registered Agent signature required when reinstating.)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <input type="checkbox"/> Delete 5135 HAYWOOD RUFFIN ROAD ST CLOUD, FL 34771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ECKENRODE, JOHN R <input type="checkbox"/> Delete 5135 HAYWOOD RUFFIN ROAD ST CLOUD, FL 34771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Pamela Eckenrode</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/11/07</b> Daytime Phone # <b>321-624-2939</b>		