2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000066550

1. Entity Name
MAGNOLIA REALTY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
10556 70TH STREET	10556 70TH STREET
LIVE OAK, FL 32060	LIVE OAK, FL 32060

DO NOT WRITE IN THIS SPACE

03022007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1000465	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKIERSKI, THOMAS J
10556 70TH STREET
LIVE OAK, FL 32060

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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 _Thomas J Skierski_   _Thomas J. Skierski_   03-05-07

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SKIERSKI, THOMAS J
STREET ADDRESS	10556 70TH STREET
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	SKIERSKI, JESSIE L
STREET ADDRESS	10556 70TH STREET
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/07-80031-003 150.00

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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: _Thomas J. Skierski_   03-05-07   386-208-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #