

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148252

Entity Name: MAGNOLIA EQUITY, INC.

FILED  
Apr 21, 2006  
Secretary of State

## Current Principal Place of Business:

44 FERNCREST DR  
LITTLE ROCK, AR 72223

## New Principal Place of Business:

## Current Mailing Address:

44 FERNCREST DR  
LITTLE ROCK, AR 72223

## New Mailing Address:

FEI Number: 20-3817553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARP, DUDLEY Q JR  
369 N NEW YORK AVE 3RD FLOOR  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FESS, MICHAEL D  
Address: 44 FERNCREST DR  
City-St-Zip: LITTLE ROCK, AR 72223

Title: DV ( ) Delete  
Name: WILSON, KATHRYN J  
Address: 6 FOREMAN CT  
City-St-Zip: LITTLE ROCK, AR 72227

Title: DV ( ) Delete  
Name: FESS, GREGORY W  
Address: 12124 FAIRWAY  
City-St-Zip: LITTLE ROCK, AR 72212

Title: DS ( ) Delete  
Name: FESS, SUE W  
Address: 44 FERNCREST DR  
City-St-Zip: LITTLE ROCK, AR 72223

Title: DT ( ) Delete  
Name: THARP, STEPHANIE F  
Address: 3411 HIDDEN VALLEY DR  
City-St-Zip: LITTLE ROCK, AR 72212

Title: D ( ) Delete  
Name: FESS, CHRISTOPHER C  
Address: 2591 DALLAS PKWY SUITE 300  
City-St-Zip: FRISCO, TX 75034

## 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:

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 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: MICHAEL FESS

MGR

04/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date