

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148252

Entity Name: MAGNOLIA EQUITY, INC.

FILED
Jan 03, 2007
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:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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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 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 D. FESS

DP

01/03/2007

Electronic Signature of Signing Officer or Director

Date