

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000148252



1. Entity Name
MAGNOLIA EQUITY, INC.

Principal Place of Business
**44 FERNCREST DR
LITTLE ROCK, AR 72223**

Mailing Address
**44 FERNCREST DR
LITTLE ROCK, AR 72223**



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3817553	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000856349
03/28/08-80005-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FESS, MICHAEL D 44 FERNCREST DR LITTLE ROCK, AR 72223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILSON, KATHRYN J 6 FOREMAN CT LITTLE ROCK, AR 72227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FESS, GREGORY W 12124 FAIRWAY LITTLE ROCK, AR 72212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FESS, SUE W 44 FERNCREST DR LITTLE ROCK, AR 72223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THARP, STEPHANIE F 3411 HIDDEN VALLEY DR LITTLE ROCK, AR 72212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FESS, CHRISTOPHER C 2591 DALLAS PKWY SUITE 300 FRISCO, TX 75034

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 2008

Date

(501) 821-6108

Daytime Phone #