

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063120

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: THE MAGNOLIA & COMPANY, INC.

## Current Principal Place of Business:

185 WEST HWY 40  
(PO BOX 92)  
BARBERVILLE, FL 32105

## New Principal Place of Business:

185 WEST HWY 40  
BARBERVILLE, FL 32105

## Current Mailing Address:

185 WEST HWY 40  
(PO BOX 92)  
BARBERVILLE, FL 32105

## New Mailing Address:

FEI Number: 26-0585802      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROTH, MATTHEW R  
185 WEST HWY 40  
BARBERVILLE, FL 32105      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: D      ( ) Delete  
Name: UNDERHILL, FRANK E JR.  
Address: PO BOX 92  
City-St-Zip: DELAND, FL 32724

Title: D      ( ) Delete  
Name: UNDERHILL, JEAN F  
Address: PO BOX 92  
City-St-Zip: DELAND, FL 32724

Title: D      ( ) Delete  
Name: ROTH, MATTHEW R  
Address: PO BOX 92  
City-St-Zip: DELAND, FL 32724

Title: D      ( ) Delete  
Name: UNDERHILL, VANN E  
Address: PO BOX 92  
City-St-Zip: DELAND, FL 32724

Title: D      ( ) Delete  
Name: UNDERHILL, FRANK E III  
Address: PO BOX 92  
City-St-Zip: DELAND, FL 32724

Title: D      ( ) Delete  
Name: WAUGH, MARY  
Address: PO BOX 92  
City-St-Zip: DELAND, FL 32724

## 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 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: MATTHEW R ROTH

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date