

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000051497

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: MAGNOLIA EXECUTIVE SUITES, INC.

**Current Principal Place of Business:**

16017 NORTH FLORIDA AVENUE  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 82282  
TAMPA, FL 33682 US

**New Mailing Address:**

FEI Number: 59-3253458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETCHE, MARK A ESQ  
16017 NORTH FLORIDA AVENUE  
LUTZ, FL 33549 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: PETCHE, MARK A ESQ  
Address: 16017 NORTH FLORIDA AVENUE  
City-St-Zip: LUTZ, FL 33549 US

Title: DV ( ) Delete  
Name: PETCHE, DARLENE T  
Address: 16017 NORTH FLORIDA AVENUE  
City-St-Zip: LUTZ, FL 33549 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DARLENE T PETCHE

VP

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date