


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90996 003 \*\*\*158.75

DOCUMENT # P98000105482					
1. Entity Name MCGUIRE PROPERTY MANAGEMENT, INC.					
Principal Place of Business 1748 BOWMAN STREET CLERMONT, FL 34711		Mailing Address 1748 BOWMAN STREET CLERMONT, FL 34711			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3554208	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> XXXX <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent MCGUIRE, LOIS B 5812 LAKE CATHERINE ROAD GROVELAND, FL 34736			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGUIRE, LOIS B		NAME		
STREET ADDRESS	5812 LAKE CATHERINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	GROVELAND, FL 34736		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWE, JAMES CLINTON		NAME		
STREET ADDRESS	5812 LAKE CATHERINE RD		STREET ADDRESS		
CITY-ST-ZIP	GROVELAND, FL 34736		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWE, GREGORY E		NAME		
STREET ADDRESS	1216 S. MAIN AVE		STREET ADDRESS		
CITY-ST-ZIP	GROVELAND, FL 34711		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HART, J. CYNTHIA		NAME		
STREET ADDRESS	1748 BOWMAN ST		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGUIRE, WAYNE P		NAME	MCGUIRE, WAYNE P	
STREET ADDRESS	950 W MONTROSE ST		STREET ADDRESS	RT 1, BOX 192	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	BURNSVILLE, NC 28714	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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04202004 Chg-P CR2E034 (10/03)

**\$8.75 Additional Fee Required**

FL

Zip Code

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J. Cynthia Hart*

04-22-2004 352-394-6035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
J. CYNTHIA HART

Date Daytime Phone #