

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105482

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: MCGUIRE PROPERTY MANAGEMENT, INC.

**Current Principal Place of Business:**

1748 BOWMAN STREET  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1748 BOWMAN STREET  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 59-3554208      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCGUIRE, LOIS B  
5812 LAKE CATHERINE ROAD  
GROVELAND, FL 34736 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: PD ( ) Delete  
Name: MCGUIRE, LOIS B  
Address: 5812 LAKE CATHERINE ROAD  
City-St-Zip: GROVELAND, FL 34736

Title: VD ( ) Delete  
Name: LOWE, JAMES CLINTON  
Address: 5812 LAKE CATHERINE RD  
City-St-Zip: GROVELAND, FL 34736

Title: VD ( ) Delete  
Name: LOWE, GREGORY L  
Address: C/O 5812 LAKE CATHERINE RD  
City-St-Zip: GROVELAND, FL 34736

Title: SD ( ) Delete  
Name: HART, J. CYNTHIA  
Address: 1748 BOWMAN ST  
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete  
Name: MCGUIRE, WAYNE P  
Address: RT 1 BOX 192  
City-St-Zip: BURNSVILLE, NC 28714

**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:

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: J. CYNTHIA HART

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

SD

04/30/2007

\_\_\_\_\_ Date