

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2006 08:00 AM
Secretary of State

DOCUMENT # G86639

1. Entity Name
MCGUINNESS AND COMPANY, INC.



Principal Place of Business

P.O. BOX 270599
TAMPA, FL 33688-0599

Mailing Address

P.O. BOX 270599
TAMPA, FL 33688-0599

DO NOT WRITE IN THIS SPACE



06202006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2373936

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGUINNESS, EDWARD P.
10321 HAPPY HOLLOW AVE
ODESSA, FL 33556

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PS
NAME MCGUINNESS, EDWARD
STREET ADDRESS 10321 HAPPY HOLLOW AVE
CITY-ST-ZIP ODESSA, FL

TITLE VT
NAME MCGUINNESS, MARY E.
STREET ADDRESS 10321 HAPPY HOLLOW AVE
CITY-ST-ZIP ODESSA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000567486
06/22/06-80001-003 158.75

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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: Mary E. McGuinness, Vice President/Treasurer 6/22/06 813-806-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #