


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L07109			
1. Entity Name R. F. MAGUIRE - LAKEWOOD ESTATES, INC.			
Principal Place of Business 1010 EXECUTIVE CENTER DRIVE 121 ORLANDO, FL 32803 US		Mailing Address 1010 EXECUTIVE CENTER DRIVE 121 ORLANDO, FL 32803 US	
DO NOT WRITE IN THIS SPACE			
		04072004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2966266	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MAGUIRE, RAYMER F., JR. III 1010 EXECUTIVE CENTER DRIVE SUITE 121 ORLANDO, FL 32803		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 <u><i>R. Maguire</i></u> <u><i>Raymer F. Maguire, III</i></u> <u><i>VST</i></u> <u><i>4/7/04</i></u>		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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAGUIRE, CHARLOTTE 1010 EXECUTIVE CENTER DRIVE, SUITE 121 ORLANDO, FL 32803		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST MAGUIRE, RAYMER F III 1010 EXECUTIVE CENTER DRIVE, SUITE 121 ORLANDO, FL 32803		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u><i>R. Maguire</i></u> <u><i>Raymer F. Maguire, III</i></u> <u><i>VST</i></u> <u><i>4/7/04</i></u> <u><i>407228-9522</i></u>		DATE Daytime Phone #	