## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 12, 2005 8:00 am Secretary of State DOCUMENT # P00000070740 1. Entity Name 04-12-2005 90133 024 \*\*\*150.00 ANNETTE R. MAGUIRE M.S., INC. Principal Place of Business Mailing Address 3200 US HWY 27 S, SUITE 304 SEBRING FL 33870 PO BOX 15106 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Addres Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Ferna 4. FEI Number Applied For City & State 65-1035994 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32039 Nassar Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MAGUIRE, ANNETTE R Street Address 3200 US HWY 27 S, SUITE 304 SEBRING FL 33870 💝 8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ☐ Delete TITLE TITLE MAGUIRE, MICHAEL E NAME NAME 117 LIME RD. NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP LAKE PLACID FL 33852 Delete TITLE ☐ Addition MAGUIRE, MICHAEL NAME NAME 3200 US HWY 27 S STREET ADDRESS STREET ADDRESS SEBRING FL 33870 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TLT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

**FILED**