

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015184

Entity Name: MAGUIRE WHOLESAL, INC.

FILED  
Feb 17, 2007  
Secretary of State

## Current Principal Place of Business:

4820 GULF SHORE BLVD., NORTH  
NAPLES, FL 34103 US

## New Principal Place of Business:

## Current Mailing Address:

4820 GULF SHORE BLVD., NORTH  
NAPLES, FL 34103 US

## New Mailing Address:

FEI Number: 02-0557529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICI, JAMES R  
C/O COX & NICI  
1185 IMMOKALEE RD. SUITE 110  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

NICI, JAMES R  
C/O COX & NICI  
1185 IMMOKALEE RD., SUITE 110  
NAPLES, FL 34110 US

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: JAMES R. NICI

02/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: MAGUIRE, JAMES  
Address: 4820 GULF SHORE BLVD., NORTH  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: MCMANUS MAGUIRE, JOY  
Address: 4820 GULF SHORE BLVD., NORTH  
City-St-Zip: NAPLES, FL 34103

Title: VSD ( ) Delete  
Name: MAGUIRE, JAMES M  
Address: 7307 BLAKEMORE CT.  
City-St-Zip: LOUISVILLE, KY 40059

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: MAGUIRE, JAMES  
Address: 4820 GULF SHORE BLVD., NORTH  
City-St-Zip: NAPLES, FL 34103 US

Title: D (X) Change ( ) Addition  
Name: MCMANUS MAGUIRE, JOY  
Address: 4820 GULF SHORE BLVD., NORTH  
City-St-Zip: NAPLES, FL 34103 US

Title: VSD (X) Change ( ) Addition  
Name: MAGUIRE, JAMES M  
Address: 7307 BLAKEMORE CT.  
City-St-Zip: LOUISVILLE, KY 40059 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES MAGUIRE

P

02/17/2007

Electronic Signature of Signing Officer or Director

Date