

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100399

Entity Name: MCGUIRE & SONS ENTERPRISES, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

2805 GARDEN STREET
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

2805 GARDEN STREET
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 83-0337900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGUIRE, PETER
2805 GARDEN STREET
NORTH FORT MYERS, FL 33917 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: D () Delete
Name: MCGUIRE, PETER
Address: 2805 GARDEN STREET
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VOR () Delete
Name: MCGUIRE, JOSIAH
Address: 2757 GARDEN ST.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VOP () Delete
Name: MCGUIRE, JOSHUA
Address: 2757 GARDEN ST.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S () Delete
Name: LACKEY, STEPHEN T
Address: 2745 GARDEN ST.
City-St-Zip: NORTH FORT MYERS, FL 33917

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER D MCGUIRE

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date