

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90017 008 ***150.00

DOCUMENT # P02000118833	
1. Entity Name MCGUIRE MANUFACTURED HOUSING SERVICES INC.	

Principal Place of Business 2 CURRIN BLVD. MT DORA, FL 32757	Mailing Address 2 CURRIN BLVD. MT DORA, FL 32757
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34032743

2. Principal Place of Business 17439 Keene Rd Suite, Apt. #, etc.	3. Mailing Address P O Box 267 Suite, Apt. #, etc.
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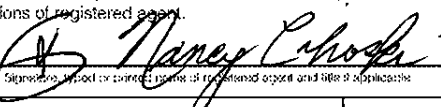
City & State Altoona FL	City & State Altoona FL
Zip 32792	Zip 32702
Country	Country



04122004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3571550		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CIHOSKI, NANCY L 2 CURRIN BLVD. MT DORA, FL 32757		
7. Name and Address of New Registered Agent		
Name Nancy L Cihoski		
Street Address (P.O. Box Number is Not Acceptable) 17439 Keene Road		
City Altoona FL Zip Code 32792		

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.

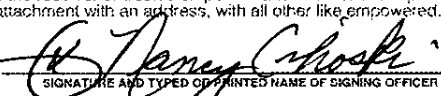
SIGNATURE:  DATE: **4-12-04**

(NOTE: Registered Agent Signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CIHOSKI, NANCY L 2 CURRIN BLVD. MT DORA, FL 32757 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4-12-04** DAYTIME PHONE: **1875 669 4541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR