2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90017 008 ***150.00

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04122004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000118833

1. Entity Name
MCGUIRE MANUFACTURED HOUSING SERVICES INC.

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

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

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	7. Name and Address of New Registered Agent
CIHOSKI, NANCY L 2 CURRIN BLVD. MT DORA, FL 32757	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: [signature] Nancy Cihoski 4-12-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

SIGNATURE: [signature] Nancy Cihoski 4-12-04 (888) 669-4541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #