Mar 15 2005 3:05PM Michael J McGoey CPA

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Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90071 015 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000086683

1. Entity Name
MCGUIRE CONSTRUCTION INC

DT:

40035086

Principal Place of Business	Mailing Address
P.O. BOX 773238 CHANGED OCALA, FL 34474	P.O. BOX 773238 CHANGED OCALA, FL 34474

02212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 128 Suite, Apt. #, etc.
City & State	City & State OCALA FL.
Zip / Country	Zip 34478 / Country

4. FEI Number
20-0136906
☐ 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
MCGOEY, MICHAEL 639 EAST OCEAN AVE SUITE 101 BOYNTON BEACH, FL 33435	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 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	P MCGUIRE, DENNIS PO BOX 212350 CLOSED P.O BOX ROYAL PALM BEACH, FL 33421	☑ Delete	P. MCGUIRE, DENNIS P.O BOX 128 OCALA FL. 34478	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 3/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #