2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000086683

1. Entity Name

MCGUIRE CONSTRUCTION INC



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

P.O. BOX 773238 OCALA, FL 34474 Mailing Address

P.O. BOX 128 OCALA, FL 34478



DO NOT WRITE IN THIS SPACE

03222007

03222007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGOEY, MICHAEL 639 EAST OCEAN AVE SUITE 101 BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE

6. 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: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGUIRE, DENNIS P.O. BOX 128 OCALA, FL 34478	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000678992 04/03/07-80019-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; that I am an officer or director of the certofication or the receiver or trustee empowered to execute this energy are required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attackment with an address, with all other lips empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-615-1455 Date Devime Phone #