

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000125598

1. Entity Name
JEFFERY D MC GUIRE ENTERPRISES INC.



Principal Place of Business
1305 HEBERLING ST NW
PALM BAY, FL 32907

Mailing Address
1305 HEBERLING ST NW
PALM BAY, FL 32907



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0362824

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MC GUIRE, JEFFERY
1305 HEBERLING ST NW
PALM BAY, FL 32907

**DO NOT WRITE
IN THIS SPACE**

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: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000942857
05/29/08-80036-014 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MC GUIRE, JEFFERY D
STREET ADDRESS 1305 HEBERLING ST
CITY-ST-ZIP PALM BAY, FL 32907

TITLE DIR
NAME MCGUIRE, LAURIE
STREET ADDRESS 1305 HEBERLING ST
CITY-ST-ZIP PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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:

Laurie McGuire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08
Date

321-723-8885
Daytime Phone