## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000002361

Entity Name: MCQUAID ENTERPRISES OF CENTRAL FLORIDA INC.

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

705 MARYLAND AVE 6600 MITCHELWOOD CT ST CLOUD, FL 34769 ST CLOUD, FL 34771

**Current Mailing Address: New Mailing Address:** 

705 MARYLAND AVE 6600 MITCHELWOOD CT ST CLOUD, FL 34769 ST CLOUD, FL 34771

FEI Number: 26-1694069 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAWRENCE, LOUIS C LAWRENCE, LOUIS C 705 MARYLAND AVE 6600 MITCHÉLWOOD CT ST CLOUD, FL 34769 US ST CLOUD, FL 34771

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.

SIGNATURE: LCL 04/27/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition LAWRENCE, LOUIS C LAWRENCE, LOUIS C Name: Name: 705 MARYLAND AVE Address: Address:

6600 MITCHELWOOD CT ST CLOUD, FL 34769 City-St-Zip: ST CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS LAWRENCE **PRES** 04/27/2009