

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # P93000044102

1. Entity Name  
GEOFFREY D. MCGUIRE COMPANY, INC.



04 JUL 20 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1450 MADRUGA AVENUE  
SUITE 405  
CORAL GABLES, FL 33146 US

Mailing Address

1450 MADRUGA AVENUE  
SUITE 405  
CORAL GABLES, FL 33146 US

04/09/04 90051 005 15000

**DO NOT WRITE IN THIS SPACE**

07032004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0418477

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCGUIRE, GEOFFREY D  
1450 MADRUGA AVENUE  
SUITE 405  
CORAL GABLES, FL 33146

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MCGUIRE, GEOFFREY D
STREET ADDRESS	1450 MADRUGA AVENUE, SUITE 405
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	MCGUIRE, ELIZABETH E
STREET ADDRESS	1450 MADRUGA AVENUE, SUITE 405
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04

Date

305 6655743

Daytime Phone #