## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 11, 2005 08:00 AM Secretary of State

384 756 2762 Daysime Phone #

Date

DOCUMENT # P93000057293  1. Entity Name MCGUIRE SERVICES, INC.				Secretary of State				
Principal Place of Business								
DO NOT WRITE IN THIS SPACE				03012005 No Chg-P CR2E034 (10/03)  4. FEI Number				
6. Name and Address of Current Registered Agent  MCGUIRE, PATRICK 933 BEVILLE RD STE 103-L DAYTONA BEACH, FL 32119				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)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.								
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCGUIRE, PATRICK K 933 BEVILLE RD STE 103-L DAYTONA BEACH, FL 32119	Trust Fund Contribution.	□ Add	led to Fees	<u> </u>			
YITLE NAME STREET ADDRESS CITY-ST-ZIP					03/12/05-	80001-017 1 1259881	ຽບ.ບບ	
NAME STREET ADDRESS CITY-ST-ZIP			-		NOT W			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE: \_