2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 06, 2008 08:00 AM DOCUMENT # P94000048807 1. Entity Name **Secretary of State** MAGUIRE CUSTOM INTERIORS, INC. Principal Place of Business Mailing Address 6019 PERTHSHIRE LANE 6019 PERTHSHIFE LANE / FORF MYERS FL 33908 HORT MYERS/FL 33908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEt Number 65-0503115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAGUIRE, JOSEPH P Street Address (P.O. Box Number is Not Acceptable) 6019 PERTSHIRE LANE FORT MYERS FL 33908 City 8. The above named entire 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 reg/ SIGNATURE FLE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ De-ete Addition MAGUIRE, JOSEPH P NAME NAME U00000817019 02/14/08-80074-022 150.00 STREET ADDRESS 6019 PERTSHIRE LANE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP Darete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST-ZIP TILLE TITLE ☐ Addition ☐ Derete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TILLE ☐ Deiete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

oseph P. Maguira 239-994-1166