

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087347

Entity Name: MAGUIRE & ASSOCIATES, INC.

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

1 DOLPHIN DR  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2202  
SAINT AUGUSTINE, FL 32085

**New Mailing Address:**

FEI Number: 59-3286686      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAGUIRE, BRUCE  
100 IRONWOOD DR  
115  
PONTE VEDRA BEACH, FL 32082 US

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

MAGUIRE, BRUCE  
297 ST. GEORGE STREET  
ST. AUGUSTINE, FL 32084 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/24/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MAGUIRE, BRUCE  
Address: 100 IRONWOOD DR, APT 115  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP/D ( ) Delete  
Name: WHETSTONE, VIRGINIA  
Address: 297 ST. GEORGE STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: PSTD (X) Delete  
Name: MAGUIRE, BRUCE  
Address: 297 ST. GEORGE STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: MAGUIRE, BRUCE  
Address: 297 ST. GEORGE STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRUCE A. MAGUIRE

Electronic Signature of Signing Officer or Director

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04/24/2009

Date