

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087347

FILED
Apr 30, 2010
Secretary of State

Entity Name: MAGUIRE & ASSOCIATES, INC.

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

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: MAGUIRE, CHRISTOPHER
Address: 11 SURFSIDE AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D
Name: MAGUIRE, SARAH
Address: 11 SURFSIDE AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: BRUCE A. MAGUIRE

PRES

04/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date