

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087347

FILED  
Apr 30, 2012  
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:**

MAGUIRE, BRUCE  
1 DOLPHIN DRIVE  
ST. AUGUSTINE, FL 32080 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: BRUCE MAGUIRE

04/30/2012

Electronic Signature of Registered Agent

Date

**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 MAGUIRE

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date