

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90068 043 \*\*\*150.00

<b>DOCUMENT # P96000047136</b> 1. Entity Name <b>MAGUIRE ENGINEERING SERVICES, INC.</b>					
Principal Place of Business <b>6322 TAYLOR ROAD</b> <b>NAPLES, FL 34109</b> US			Mailing Address <b>6322 TAYLOR ROAD</b> <b>NAPLES, FL 34109</b> US		
2. Principal Place of Business - No P.O. Box # <b>480 OAK AVENUE</b>		3. Mailing Address <b>480 OAK AVENUE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>65-0672657</b>	
Zip <b>34108</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAGUIRE, EDWARD</b> <b>6322 TAYLOR ROAD</b> <b>NAPLES, FL 34109</b>			7. Name and Address of New Registered Agent Name <b>EDWARD MAGUIRE</b> Street Address (P.O. Box Number is Not Acceptable) <b>480 OAK AVENUE</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34108</b>		
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 <i>Edward Maguire</i> <b>EDWARD MAGUIRE Pres.</b> <b>3-3-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MAGUIRE, EDWARD</b> <b>6322 TAYLOR RD</b> <b>NAPLES, FL 34109</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>EDWARD MAGUIRE</b> <b>480 OAK AVENUE</b> <b>NAPLES, FL 34108</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Edward T. Maguire</i> <b>EDWARD T. MAGUIRE Pres.</b> <b>3-3-07</b> <b>239-591-8848</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					