

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000077818



1. Entity Name
MCGUIRE LAW OFFICES, P.A.

Principal Place of Business
MCGUIRE LAW OFFICE
1173 NE CLEVELAND ST.
CLEARWATER, FL 33755

Mailing Address
MCGUIRE LAW OFFICE
1173 NE CLEVELAND ST.
CLEARWATER, FL 33755



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3478431

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGUIRE, JOHN F
1173 NE CLEVELAND ST
CLEARWATER, FL 33755

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCGUIRE, JOHN F
STREET ADDRESS 1173 NE CLEVELAND ST
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE D
NAME MCGUIRE, ELYSE M
STREET ADDRESS 1173 NE CLEVELAND ST
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE
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02/19/07-80003-013 150.00

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-07 727-446-7659

Date

Daytime Phone #