## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000105482

Address:

RT 1 BOX 192

City-St-Zip: BURNSVILLE, NC 28714

Entity Name: MCGLIRE PROPERTY MANAGEMENT INC.

FILED Jan 31, 2008 Secretary of State

		THO ENTING TO TOLINE	, 1140.		
Current P	rincipal Place	of Business:	New Principal Place of Business:		
	/MAN STREET NT, FL 34711				
Current Mailing Address:			New Mailing Address:		
	/MAN STREET NT, FL 34711				
FEI Number: 59-3554208 FEI Number Applied For ( )		FEI Number Not App	cable ( ) Certificate of	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Register	red Agent:
	E, LOIS B E CATHERINE AND, FL 34736				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	s registered office or regist	ered agent, or both,
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	•
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PD () MCGUIRE, LOIS 5812 LAKE CAT GROVELAND, F	HERINE ROAD	Title: Name: Address: City-St-Zip:	()Change ()Ad	dition
Title: Name: Address: City-St-Zip:	VD () LOWE, JAMES 5812 LAKE CAT GROVELAND, F	HERINE RD	Title: Name: Address: City-St-Zip:	() Change () Ad	dition
Title: Name: Address: City-St-Zip:	LOWE, GREGO	CATHERINE RD	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Ac LOWE, GREGORY L 394 JUDD DUVALL LANE FRANKLIN, NC 28734	ldition
Title: Name: Address: City-St-Zip:	SD () HART, J. CYNTI 1748 BOWMAN CLERMONT, FL	ST	Title: Name: Address: City-St-Zip:	()Change ()Ad	dition
Title: Name:	TD () MCGUIRE, WA	Delete ⁄NE P	Title: Name:	()Change()Ad	dition

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.

Address:

City-St-Zip:

SIGNATURE: JANET CYNTHIA HART SD 01/31/2008