

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24785

FILED
Jan 08, 2009
Secretary of State

Entity Name: MAGUHN CONSTRUCTION, INC.

Current Principal Place of Business:

9648 WINDSOR GARDENS LN
#203
FT. MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

9648 WINDSOR GARDENS LN
#203
FT. MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0324455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGUHN, JUERGEN
9648 WINDSOR GARDENS LANE
#203
FT. MYERS, FL 33919 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: PST () Delete
Name: MAGUHN, JUERGEN,
Address: 9648 WINDSOR GARDENS LN, SUITE #203
City-St-Zip: FT. MYERS, FL 33919

Title: D () Delete
Name: MAGUHN, JUERGEN,
Address: 9648 WINDSOR GARDENS LN, SUITE #203
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JUERGEN MAGUHN

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01/08/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date