

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000087347

**Entity Name:** MAGUIRE & ASSOCIATES, INC.

**Current Principal Place of Business:**

1 DOLPHIN DR  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

P.O. BOX 2202  
SAINT AUGUSTINE, FL 32085

**FEI Number:** 59-3286686

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name MAGUIRE, BRUCE  
Address 297 ST. GEORGE STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title VP/D  
Name WHETSTONE, VIRGINIA  
Address 297 ST. GEORGE STREET  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title D  
Name MAGUIRE, CHRISTOPHER  
Address 11 SURFSIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title D  
Name MAGUIRE, SARAH  
Address 11 SURFSIDE AVE  
City-State-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

**PRES**

**03/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date