

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90077 007 ***150.00

DOCUMENT # P02000005889

1. Entity Name
MHD TECHNOLOGIES, INC.



Principal Place of Business
**1316 SAN MARCO BLVD.
JACKSONVILLE, FL 32207**

Mailing Address
**1316 SAN MARCO BLVD.
JACKSONVILLE, FL 32207**

2. Principal Place of Business

1712 HENDRICKS AVE.
Suite, Apt. #, etc.

3. Mailing Address

1712 HENDRICKS AVE.
Suite, Apt. #, etc.



04052006

Chg-P

CR2E034 (11/05)

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

04-3592621

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32207

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BEARD, GUY S

**1316 SAN MARCO BLVD. 1712 HENDRICKS AVE.
JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **BEARD, GUY S**
STREET ADDRESS **1316 SAN MARCO BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **BEARD, GUY S.**
STREET ADDRESS **1712 HENDRICKS AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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:

GUY S. BEARD

4/7/2006

(904) 396-9245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #