2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000043345

1. Entity Name
M & H ENTERPRISES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
9805 HARRELL AVENUE #202 TREASURE ISLAND, FL 33706	9805 HARRELL AVENUE #202 TREASURE ISLAND, FL 33706

DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0589116
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTHER, HENRY L
9805 HARRELL AVENUE
#202
TREASURE ISLAND, FL 33706

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALTHER, HENRY L
STREET ADDRESS	9805 HARRELL AVENUE #202
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	VP
NAME	ANTOSH, STEVE M
STREET ADDRESS	3257 WYNFORD DR.
CITY-ST-ZIP	FAIRFAX, VA 22031
TITLE	ST
NAME	CAUDLE, GARY L
STREET ADDRESS	4521 WINDSOR ARMS CT
CITY-ST-ZIP	ANNANDALE, VA 22003
TITLE	D
NAME	WALTHER, HENRY L
STREET ADDRESS	9805 HARRELL AVENUE #202
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	D
NAME	TATE, LOUISE
STREET ADDRESS	4521 WINDSOR ARMS CT
CITY-ST-ZIP	ANNANDALE, VA 22003
TITLE	D
NAME	WALTHER, MICHAEL
STREET ADDRESS	28030 COUNTY HWY 34
CITY-ST-ZIP	CALLAWAY, MN 56521

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01/10/05-80033-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Jan 6, 2005 (727)368-0643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #