

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # P02000043345

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



Principal Place of Business

**9805 HARRELL AVENUE
#202
TREASURE ISLAND, FL 33706**

Mailing Address

**9805 HARRELL AVENUE
#202
TREASURE ISLAND, FL 33706**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 2008 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

U00000807039
02/06/08-80066-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

[Signature]

Henry L. Walther

1/29/08 (727)363-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #