

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90085 032 \*\*\*150.00

**DOCUMENT # F02000002465**

1. Entity Name  
**MMH SERVICES, INC.**



Principal Place of Business  
**1593 SPRING HILL RD  
STE 610  
VIENNA, VA 22182**

Mailing Address  
**1593 SPRING HILL RD  
STE 610  
VIENNA, VA 22182**

2. Principal Place of Business  
**1593 SPRINGHILL Road**  
Suite, Apt. #, etc.  
**Suite 610**  
City & State  
**VIENNA, VA**  
Zip  
**22182** Country  
**USA**

3. Mailing Address  
**1593 SPRINGHILL Road**  
Suite, Apt. #, etc.  
**Suite 610**  
City & State  
**VIENNA, VA**  
Zip  
**22182** Country  
**USA**



04202005 Chg-P CR2E034 (10/03)

4. FEI Number  
**52-1223048** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PINKERT, MICHAEL 1593 SPRING HILL RD STE 610 VIENNA, VA 22182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHEELER, STEVEN 1593 SPRING HILL RD STE 610 VIENNA, VA 22182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, LASLAE M 1593 SPRING HILL RD STE 610 VIENNA, VA 22182	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLER, MICHAEL 1593 SPRING HILL RD STE 610 VIENNA, VA 22182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPON, JACOB DR. 1593 SPRING HILL RD STE 610 VIENNA, VA 22182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRETTI, WILLIAM 1593 SPRING HILL RD STE 610 VIENNA, VA 22182	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY SUSAN D. RITCHIEY 1593 SPRINGHILL Road, suite 610 VIENNA, VA 22182</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Chris Dorcas 4/20/05 703 749 4600 x4623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #