

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000001909

Entity Name: MH FOODS, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5543 PARADISE DRIVE  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

5543 PARADISE DRIVE  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

FEI Number: 63-1254457      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MADDOX, ALBERT F  
5543 PARADISE DRIVE  
NEW PORT RICHEY, FL 34653      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CC  
Name: MADDOX, SHENNA D  
Address: 5543 PARADISE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VCT  
Name: HERSCHEDE, JANE W  
Address: 605 OLEANDER ST  
City-St-Zip: LAPLACE, LA 70068

Title: DS  
Name: HERSCHEDE, WILLIAM W  
Address: 605 OLEANDER ST  
City-St-Zip: LAPLACE, LA 70068

Title: DP  
Name: MADDOX, ALBERT F  
Address: 5543 PARADISE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

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: ALBERT F, MADDOX

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date