


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90043 019 ***150.00

DOCUMENT # F04000005848	
1. Entity Name MHR, INC. OF ALABAMA	

Principal Place of Business 13121 LILLIAN HIGHWAY PENSACOLA FL 32506	Mailing Address 13121 LILLIAN HIGHWAY PENSACOLA FL 32506
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 63-1214471		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MERCHANT, HELEN H 13121 LILLIAN HIGHWAY PENSACOLA FL 32506		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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PC <input type="checkbox"/> Delete	NAME PHILLIPS, MARY A	TITLE Mary Phillips P.C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 2749 Manuel Dr. <input type="checkbox"/> OF ADDRESS
STREET ADDRESS 27722 TOTSCH LANE	CITY-ST-ZIP ELBERTA AL 36530	STREET ADDRESS Lillian, Ala. 36549	CITY-ST-ZIP
TITLE VPVC <input type="checkbox"/> Delete	NAME MERCHANT, HELEN M	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 10287 COUNTY ROAD 95	CITY-ST-ZIP ELBERTA AL 36530	STREET ADDRESS	CITY-ST-ZIP
TITLE STD <input type="checkbox"/> Delete	NAME MESZAROS, ROBERT J II	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 10611 COUNTY ROAD 95	CITY-ST-ZIP ELBERTA AL 36530	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: Mary Phillips **3/15/05** **850-455-8292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #