2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 03, 2005 8:00 am Secretary of State

1. Entity Nam MJH GOL	MENT F CLASS		7600			06-03-2005 90395 001 ****61.25 06-03-2005 90395 002 ****8.75				
Principal Place of Business 3741 EAST HILLSBOROUGH AVENUE TAMPA, FL 33610 US			Mailing Address P.O. BOX 311394 TAMPA, FL 33680 US				FRIRA 11111 AA111 FAR11 AA	HI COM COM TOUR	Tile deliter et i	18 S ì
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05062005	Chg-NP	CR2E037 (10/	03)	
City & State			City & State			4. FEI Number 27-0070			Applied	
Zip	Country		Zip Cou		ıntry	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agen					l	7. Name and Address of New Registered Agent				
										
MOTT, OLIN 3741 EAST HILLSBOROUGH AVENUE TAMPA, FL 33610					Street Address (P.O. Box Number is Not Acceptable)					
			City		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 Signature, typed or printegname of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$61.25 9. Election Campaign Due by September 7, 2005 Trust Fund Contrib						\$5.00 May Be Added to Fees		Make check paya rida Department		ı
10.	1	OFFICERS AND DIF	RECTORS	11.	,	ADDITIONS (CHA	NGES TO OFFICE	ERS AND DIRECTO	RS IN 10	
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r nereby 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 617, 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:

Cost SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR