## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 22, 2007 08:00 AM Secretary of State

DOCUMENT	#	P01	100	00	62	105
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1. Entity Name

MSH HOLDING, INC.



Principal Place of Business

8433 ENTERPRISE CIRCLE

SUITE 210

BRADENTON, FL 34202 US

Mailing Address

8433 ENTERPRISE CIRCLE

SUITE 210

BRADENTON, FL 34202 US



01152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 52-2327587

Applied For Not Applicable

5. Certificate of Status Desired

₹ \$

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, STEVEN E 8433 ENTERPRISE CIRCLE SUITE 210 BRADENTON, FL 34202

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		]					
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title	if anning (NOTF: Renistered	Agent signsture	required when reinstating)	DATE		
	Committee of particular and all organization against and all of	rappicasio. (NOTE Hagiatorae		, response who is a section of	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Financ Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	U00000596388 01/23/07-80077-010 158,75		
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MILLS, WALTER G 8433 ENTERPRISE CIRCLE BRADENTON, FL 34202			. 6			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARP, LEMUEL III 8433 ENTERPRISE CIRCLE BRADENTON, FL 34202						
HITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENSEY, TIMOTHY 8433 ENTERPRISE CIRCLE BRADENTON, FL 34202		\$ <sup>7</sup>	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BAKER, STEVEN E 8433 ENTERPRISE CIRCLE BRADENTON, FL 34202		•	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		, .	1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			
TITLE NAME STREET ADDRESS	<u></u>	i grand and a second	e apo				

12. I hereby certify that the information supplied with this filling 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 attactment with all other like empowered.

PCrp

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07

941-907-9041

Daytime Ptx