2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2004 8:00 am Secretary of State

DOCUMENT # P01000108566 1. Entity Name M J H BUILDERS, INC.)	07-14-2004	90004 048 ***	150.00
Principal Place of Business Mailing Address						-}			
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6005 WICKHAM N., UNIT G-18 MELBOURNE, FL 32940			220 GLENWOOD AVE SATELLITE BEACH, F	SATELLITE BEACH, FL 32937					
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2. Principal F	lace of Busine	988	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07062004	Chg-P	CR2E034 (10/0	3)
City & State			City & State			4. FEI Numb			Applied For
Zip	Country		Zip	Zip Cour		59-375	of Status Desired	□ \$8.75	
<u> </u>	* 6~ Name	and Address of Current	t Pagistared Apant		1		- '		ired
	o. Name	and Address of Current	negistered Agent	7. Name and Address of New Registered Agent Name					
HETT, MATTHEŴ J									
220 GLENWOOD AVE. SATELLITE BEACH, FL 32937					Street Address (P.O. Box Number is Not Acceptable)				
SATELLIT	E BEACH,	FL 3293/		*****		···			
	<u> </u>				City			FL Zip C	ode
8. The above	named entity	submits this statement for	or the purpose of changing i	ts register	L ed office or registe	ered agent, or bo	oth, in the State of Fl		th, and accept
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 o	r printed name of registered agent	and title if applicable. (NC	OTE: Registere	d Agent signature require	ed when reinstating)		DATE	
			1.51.1.0					·q	· · · · · · · · · · · · · · · · · · ·
		FEE IS \$150.00 tember 8, 2004	9. Election Camp Trust Fund Co.		i.00 May Be ded to Fees	In accordance corporation did	with s. 607.193(2)(b not receive the pric), F.S., the or notice.	
10 OFFICERS AND DIRECTORS 11.					,	ADDITIONS	L /CHANGES TO OFF	ICERS AND DIRECTO	PRS IN 11
. TITLE .	D Delete TITLE							☐ Chang	Addition
NAME .	HETT, MATTHEW J 220 GLENWOOD AVE. NAME STREE				l				
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 life empowered.									
SIGNAT	HDE:	MIX	-11/1			7	1/11/09	/	