

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000005889**

1. Entity Name  
**MHD TECHNOLOGIES, INC.**



Principal Place of Business  
**1712 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US**

Mailing Address  
**1712 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US**



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3592621**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BEARD, GUY S  
1712 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000829637  
02/26/08-80049-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BEARD, GUY S  
1712 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

**SIGNATURE:**

*Guy Beard, President* 2/11/2008 (904) 396-9245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #