


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90750 018 \*\*\*150.00

<b>DOCUMENT # P02000060506</b> 1. Entity Name <b>MHM NATIONAL, INC.</b>					
Principal Place of Business <b>2300 BEE RIDGE ROAD #301 SARASOTA, FL 34239</b>			Mailing Address <b>2300 BEE RIDGE ROAD #301 SARASOTA, FL 34239</b>		
2. Principal Place of Business <b>3737 South Tuttle Ave</b> <small>Suite, Apt. #, etc.</small>			3. Mailing Address <b>3737 South Tuttle Ave</b> <small>Suite, Apt. #, etc.</small>		
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>		4. FEI Number <b>61-1415875</b>	
Zip <b>34239</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MONVILLE, CAROL L CPA 3859 BEE RIDGE ROAD SUITE 301 SARASOTA, FL 34233</b>				7. Name and Address of New Registered Agent Name <b>Carol Lynn Monville, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3737 South Tuttle Ave</b>  City <b>Sarasota</b> <b>FL</b> Zip Code <b>34239</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE D NAME MONVILLE, CAROL L STREET ADDRESS 2300 BEE RIDGE ROAD, #301 CITY-ST-ZIP SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME Manville, Carol L. STREET ADDRESS 3737 South Tuttle Ave CITY-ST-ZIP Sarasota, FL 34239	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Carol L Monville</b>			Date <b>4/29/04</b> Daytime Phone # <b>941-924-1040</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					