

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081561

FILED
Apr 24, 2006
Secretary of State

Entity Name: M & H ENTERPRISES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

3734 GURLEY ROAD
JACKSONVILLE, FL 32277

New Principal Place of Business:

3864 NOVALINE LN. S.
JACKSONVILLE, FL 32277

Current Mailing Address:

3734 GURLEY ROAD
JACKSONVILLE, FL 32277

New Mailing Address:

3864 NOVALINE LN. S.
JACKSONVILLE, FL 32277

FEI Number: 54-2066671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATALOBOS, PAMELA
3734 GURLEY ROAD
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

MATALOBOS, PAMELA
3864 NOVALINE LN. S.
JACKSONVILLE, FL 32277 US

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.

SIGNATURE:

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANSEN, DAVID
Address: 3864 NOVALINE LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD () Delete
Name: HANSEN, DONNA
Address: 3864 NOVALINE LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD () Delete
Name: MATALOBOS, PAMELA
Address: 3734 GURLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA MATALOBOS

SD

04/24/2006

Electronic Signature of Signing Officer or Director

Date