2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Jan 29, 2005 08:00 AM DOCUMENT # P03000004406 **Secretary of State** 1. Entity Name MSH ENTERPRISES, INC. Mailing Address Principal Place of Business 5303 JOHN REYNOLDS DEIVE JACKSONVILLE FL 32277-1365 5303 JOHN REYNOLDS DEIVE JACKSONVILLE FL 32277-1365 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For Ci State 42-1570623 Not Applicable Country Žip Ζip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARDEE, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 5303 JOHN REYNOLDS DEIVE JACKSONVILLE FL 32277-1365 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE Ð ☐ Delete TITLE HARDEE, KENNETH R NAME NAME U00000203047 01/29/05-80015-005 150.00 STREET ADDRESS 5303 JOHN REYNOLDS DEIVE STREET ADDRESS JACKSONVILLE FL 32277-1365 CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition MILE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST- AP CITY-ST-ZIP Change Addition Delete HHE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SY-712 ☐ Addition Delete ÐIt€ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP Addition Change | Delete TITLE DILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 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.