## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000039859

Entity Name: M.M.T.H.W. INCORPORATED

FILED Jul 07, 2005 Secretary of State

| •   |   |  |                 |  |   |                           |               |
|---|---|--|-----------------|--|---|---------------------------|---------------|
| Current Principal Place of Business:                    |   |  |                 | New Principal Place of Business:                           |   |                           |               |
| P.O. BOX 3<br>LAKE HAM                                  | 395<br>IILTON, FL 3389                                      | 51   |                 |  |   |                           |               |
| Current Mailing Address:                                |   |  |                 | New Mailing Address:                                       |   |                           |               |
| P.O. BOX 3<br>LAKE HAM                                  | 395<br>IILTON, FL 338                                       | 51   |                 |  |   |                           |               |
| FEI Number: 27-0032105 FEI Number Applied For ( ) FEI N |   |  | FEI Nun         | umber Not Applicable ( ) Certificate of Status Desired ( ) |   |                           | esired()      |
| Name and Address of Current Registered Agent:           |   |  |                 | Name and Address of New Registered Agent:                  |   |                           |               |
| 30049 U.S.<br>LAKE HAM<br>The above<br>in the State     | of Florida.   |  | ne purpose o    | f changing it  | s registered                                | l office or registered ag | ent, or both, |
| SIGNATURE: Electronic Signature of Registered Agent     |   |  |                 | <br>Date   |   |                           |               |
| Election Can  |   | 2)(b), F.S., the corporation did<br>frust Fund Contribution().<br>ORS: | d not receive t |  |   | S TO OFFICERS AND         | DIRECTORS:    |
| Title:<br>Name:<br>Address:<br>City-St-Zip:             | P () D<br>MIKOLAYEK, MIK<br>2297 BURNWAY<br>HAINES CITY, FL | Œ<br>PO BOX 5148   |                 | Title:<br>Name:<br>Address:<br>City-St-Zip:                |   | ( ) Change ( ) Addition   |               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:             | VP () D<br>MCSWAIN, DARY<br>242 MEADOW VU<br>AUBURNDALE, FI | 'L<br>JE   |                 | Title:<br>Name:<br>Address:<br>City-St-Zip:                | VP<br>MCSWAIN, E<br>242 MEADO\<br>AUBURNDAL | W VUE                     |               |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J. MIKOLAYEK P 07/07/2005