

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039859

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

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

30049 U. S. HWY 27 NORTH  
LAKE HAMILTON, FL 33851

## New Principal Place of Business:

30049 U. S. HWY 27 NORTH  
LAKE HAMILTON, FL 33851 US

## Current Mailing Address:

P.O. BOX 395  
LAKE HAMILTON, FL 33851

## New Mailing Address:

P.O. BOX 395  
LAKE HAMILTON, FL 33851 US

FEI Number: 27-0032105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIKOLAYEK, MICHAEL J  
30049 U.S. HWY 27 NORTH  
LAKE HAMILTON, FL 33851 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MIKOLAYEK, MIKE  
Address: 2297 BURNWAY PO BOX 5148  
City-St-Zip: HAINES CITY, FL 33845

Title: VP ( ) Delete  
Name: MCSWAIN, DARRYL  
Address: 242 MEADOW VUE  
City-St-Zip: AUBURNDALE, FL 33823

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MIKOLAYEK, MIKE  
Address: 2297 BURNWAY PO BOX 5148  
City-St-Zip: HAINES CITY, FL 33845 US

Title: VP (X) Change ( ) Addition  
Name: MCSWAIN, DARRYL  
Address: 242 MEADOW VUE  
City-St-Zip: AUBURNDALE, FL 33823 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL MIKOLAYEK

P

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date