

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000039859

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

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

04/07/2009

Electronic Signature of Signing Officer or Director

Date