2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005
Secretary of State

DOCUMENT# P03000096583

Entity Name: MHP MANAGEMENT GROUP, INC.

Current Principal Place of Business:

4750 NORTHERN PACIFIC DRIVE
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

P.O. BOX 520247
LONGWOOD, FL 32752 US

Current Mailing Address:

4750 NORTHERN PACIFIC DRIVE
JACKSONVILLE, FL 32257 US

New Mailing Address:

P.O. BOX 520247
LONGWOOD, FL 32752 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOONEYHAM, MITCHELL D
4750 NORTHERN PACIFIC DRIVE
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

BOWLES, HARRISON R
1205 ROXBORO ROAD
LONGWOOD, FL 32750 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: HARRISON R. BOWLES 03/03/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STERLING, ROBERT F III
Address: 114 SPRING VALLEY LOOP
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP ( ) Delete
Name: BOWLES, HARRISON R
Address: 1205 ROXBORO ROAD
City-St-Zip: LONGWOOD, FL 32750 US

Title: VP ( ) Delete
Name: JACKSON, ROBERT S
Address: 611 CINDY COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP (X) Delete
Name: MOONEYHAM, MITCHELL D
Address: 4750 NORTHERN PACIFIC DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

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:

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 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: HARRISON R. BOWLES VP 03/03/2005
Electronic Signature of Signing Officer or Director Date