

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000135072 1. Entity Name JIM BURTON MHS, INC.	
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Principal Place of Business 10220 U.S. HIGHWAY 98 DADE CITY, FL 33525	Mailing Address 10220 U.S. HIGHWAY 98 DADE CITY, FL 33525
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DO NOT WRITE IN THIS SPACE



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0407847	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEWLON, JONATHAN W 14141 5TH STREET DADE CITY, FL 33525
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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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BURTON, JAMES R 10220 U.S. HIGHWAY 98 DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BURTON, MERLENE 10220 U.S. HIGHWAY 98 DADE CITY, FL 33525
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  **4-9-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #