

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000083787

Entity Name: M.S.H. MANAGEMENT, INC.

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1803 S. AUSTRALIAN AVE, SUITE A  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1803 S. AUSTRALIAN AVE, SUITE A  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 65-0536606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HODGES, LARRY W  
1803 S. AUSTRALIAN AVE, SUITE A  
WEST PALM BEACH, FL 33409 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HODGES, LARRY W  
Address: 1803 S. AUSTRALIAN AVE, SUITE A  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DV  
Name: MARTIN, MICHAEL G  
Address: 420 COLUMBIA DR  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: STD  
Name: SELLARI, GARY  
Address: 420 COLUMBIA DR  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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 all other like empowered.

SIGNATURE: GARY SELLARI

STD

05/04/2010

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

\_\_\_\_\_  
Date