

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90015 007 ***158.75

DOCUMENT # P95000016812

1. Entity Name
MHF INSURANCE ADMINISTRATORS, INC.



Principal Place of Business
3563 PHILLIPS HWY
SUITE 108
JACKSONVILLE, FL 32207-5627

Mailing Address
P.O. BOX 48098
JACKSONVILLE, FL 32247

20023894



2. Principal Place of Business

3. Mailing Address

03102005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
95-2848490

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, WILLIAM J
3563 PHILLIPS HWY STE 108
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	PETTY, CARL JR	
STREET ADDRESS	13358 MANCHESTER RD	
CITY-ST-ZIP	SAINT LOUIS, MO 63131	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLARK, WILLIAM J	
STREET ADDRESS	3563 PHILLIPS HIGHWAY, SUITE 108	
CITY-ST-ZIP	JACKSONVILLE, FL 322075627	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRUITT, EDGAR	
STREET ADDRESS	3563 PHILLIPS HIGHWAY, SUITE 108	
CITY-ST-ZIP	JACKSONVILLE, FL 322075627	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	EDESA, FAITH	
STREET ADDRESS	3563 PHILLIPS HIGHWAY, SUITE 108	
CITY-ST-ZIP	JACKSONVILLE, FL 322075627	
TITLE	V	<input type="checkbox"/> Delete
NAME	RITTINGER, ERWIN	
STREET ADDRESS	13358 MANCHESTER RD	
CITY-ST-ZIP	SAINT LOUIS, MO, 63131	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOK, LARRY	
STREET ADDRESS	13358 MANCHESTER RD	
CITY-ST-ZIP	SAINT LOUIS, MO 63131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Bryndar	
STREET ADDRESS	13358 Manchester Rd.	
CITY-ST-ZIP	St. Louis, MO 63131	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phil Russon	
STREET ADDRESS	3563 Phillips Highway, Ste 108	
CITY-ST-ZIP	Jacksonville, FL 32207-5627	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Beverly Bryndar Beverly Bryndar 3-10-05 877-969-5675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #