


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000057216 1. Entity Name M.P.H. INDUSTRIES, INC.	
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Principal Place of Business 2406 N.E. 19TH DRIVE GAINESVILLE, FL 32609	Mailing Address 2406 N.E. 19TH DRIVE GAINESVILLE, FL 32609
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3455536	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MOODY, C. GARY
500 E UNIVERSITY AVENUE
SUITE A
GAINESVILLE, FL 32601

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOODY, GARY C 500 E UNIVERSITY AVE. STE A GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUSSARD, CARL K JR 7815 NW 20TH LANE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/23/06-80035-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **CARL K Bussard** **OR** **3-10-06 3343729533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #