

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000108207

1. Entity Name

M & H ENTERPRISES, INC. OF NORTHWEST FL.



Principal Place of Business

**11208 HUTCHISON BLVD.
PMB 116
PANAMA CITY BEACH FL 32704**

Mailing Address

**11208 HUTCHISON BLVD.
PMB 116
PANAMA CITY BEACH FL 32704**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3559472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCLARD, MICHAEL A
11208 HUTCHINSON BLVD.
PMB. 116
PANAMA CITY BEACH FL 32407**

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

Michael A. McClard
Signature typed or printed name of registered agent and title if applicable

Michael A. McClard

(NOTE: Registered Agent signature required when reinstating)

2/8/05
Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** ☐ Delete
NAME: **MCCLARD, MICHAEL A**
STREET ADDRESS: **11208 HUTCHISON BLVD., PMB 116**
CITY- ST- ZIP: **PANAMA CITY BEACH FL 32704**

TITLE: ☐ Change ☐ Addition
NAME: **U000000253127**
STREET ADDRESS: **03/07/05-80020-017**
CITY- ST- ZIP: **150.00**

TITLE: **VP** ☐ Delete
NAME: **HELDRETH, WILLIAM R JR**
STREET ADDRESS: **11208 HUTCHISON BLVD., PMB 116**
CITY- ST- ZIP: **PANAMA CITY BEACH FL 32704**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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CITY- ST- ZIP: ☐ Change ☐ Addition

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:

Michael A. McClard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05
Date

850-546-1253
Daytime Phone #