

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90069 034 \*\*\*150.00

**DOCUMENT # 850993**

1. Entity Name  
**FMI MANAGEMENT CONSULTANTS CORPORATION**



Principal Place of Business  
**5151 GLENWOOD AVENUE  
P O BOX 31108  
RALEIGH, NC 27612**

Mailing Address  
**5151 GLENWOOD AVENUE  
P O BOX 31108  
RALEIGH, NC 27622 US**

**50065617**



2. Principal Place of Business  
**5171 Glenwood Ave.**

3. Mailing Address  
**P O Box 31108**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09022005

Chg-P

CR2E034 (10/03)

City & State  
**Raleigh, NC**

City & State  
**Raleigh, NC**

4. FEI Number  
**56-1223249**

Applied For  
Not Applicable

Zip  
**27612**

Country  
**USA**

Zip  
**27622**

Country  
**USA**

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**

**LOWDER, HOYT G.  
5301 W CYPRESS ST.  
TAMPA, FL 33622**

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 \$550.00  
Due by September 7, 2005**

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 **JACKSON, IRA J., III**  
STREET ADDRESS **5151 GLENWOOD AVE**  
CITY-ST-ZIP **RALEIGH, NC**

TITLE **CO-C** ☒ Change ☐ Addition  
NAME **Jackson, Ira J., III**  
STREET ADDRESS **5171 Glenwood Ave.**  
CITY-ST-ZIP **Raleigh, NC 27612**

TITLE **S** ☒ Delete  
NAME **SMITH, SUZANNE D.**  
STREET ADDRESS **5151 GLENWOOD AVE**  
CITY-ST-ZIP **RALEIGH, NC**

TITLE **S** ☐ Change ☒ Addition  
NAME **Hughes, Hughes L**  
STREET ADDRESS **5171 Glenwood Ave.**  
CITY-ST-ZIP **Raleigh, NC 27612**

TITLE **T** ☒ Delete  
NAME **ANDREWS, ROBERT F., III**  
STREET ADDRESS **5151 GLENWOOD AVE**  
CITY-ST-ZIP **RALEIGH, NC**

TITLE **P** ☐ Change ☒ Addition  
NAME **Harris, Henry M**  
STREET ADDRESS **5171 Glenwood Ave.**  
CITY-ST-ZIP **Raleigh, NC 27612**

TITLE **V** ☐ Delete  
NAME **LOWDER, HOYT G.**  
STREET ADDRESS **5301 W CYPRESS ST.**  
CITY-ST-ZIP **TAMPA, FL**

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

TITLE **V** ☐ Delete  
NAME **RICE, HUGH**  
STREET ADDRESS **90 MADISON**  
CITY-ST-ZIP **DENVER, CO**

TITLE **CO-C** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **ANDREWS, ROBERT F., III**  
STREET ADDRESS **5151 GLENWOOD AVE**  
CITY-ST-ZIP **RALEIGH, NC**

TITLE **CO-C** ☒ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/02/05

(919) 285-9224

ATTACHMENT

~~50065-617~~  
~~#850993~~

NANCY B. BUNTING

CERTIFIED PUBLIC ACCOUNTANT

MEMBER OF

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
NORTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

P. O. Box 31584 • 5171 Glenwood Ave.  
RALEIGH, NORTH CAROLINA 27622

(919) 781-7096

September 6, 2005

Florida Department of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Dear Department of Revenue:

Enclosed is the 2005 Annual Report and check for \$150.00  
for my client, Fails Management Consultants Corporation.

I respectfully request that you waive the penalty for  
this return.

My client moved in Oct of 04, the person that had usually  
filed this return had retired in mid 04, and the person  
in accounting department left in early 05. I do not know  
what happened, but somehow with all the changes, this  
return was inadvertently not filed. We apologize for the  
oversight and inconvenience.

Both my client and I would appreciate your consideration.  
The new person in accounting or I will certainly see that  
it is filed timely in 2006.

Sincerely,



Nancy B. Bunting, CPA