

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003918

Entity Name: NFM CONSULTANTS INC.

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

505 PROGRESS DRIVE
LINTHICUM, MD 21090

New Principal Place of Business:

Current Mailing Address:

505 PROGRESS DRIVE
LINTHICUM, MD 21090

New Mailing Address:

FEI Number: 52-2102740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA COMPLIANCE SPECIALISTS INC.
2331 HANSEN PLACE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SILVERMAN, M. DAVID
Address: 505 PROGRESS DRIVE
City-St-Zip: LINTHICUM HEIGHTS, MD 21090

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SILVERMAN, M. DAVID
Address: 505 PROGRESS DRIVE, SUITE 100
City-St-Zip: LINTHICUM HEIGHTS, MD 21090

Title: COO () Change (X) Addition
Name: OZGA, JAN
Address: 505 PROGRESS DRIVE, SUITE 100
City-St-Zip: LINTHICUM, MD 21090

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: M. DAVID SILVERMAN

PRES

02/05/2008

Electronic Signature of Signing Officer or Director

Date