

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000000357**

1. Entity Name  
CMC OREO, INC.



Principal Place of Business  
901 SEMMES AVE.  
RICHMOND, VA 23224

Mailing Address  
901 SEMMES AVE.  
RICHMOND, VA 23224



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
54-1668988

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_

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	CD
NAME	EDMUNDS, STERLING JR
STREET ADDRESS	901 SEMMES AVE.
CITY-ST-ZIP	RICHMOND, VA 23224
TITLE	PD
NAME	REYNOLDS, ROBERT S
STREET ADDRESS	901 SEMMES AVENUE
CITY-ST-ZIP	RICHMOND, VA 23224
TITLE	D
NAME	SHAIA, REBECCA W
STREET ADDRESS	901 SEMMES AVE.
CITY-ST-ZIP	RICHMOND, VA
TITLE	V
NAME	BALLOS, JACKIE W
STREET ADDRESS	901 SEMMES AVE.
CITY-ST-ZIP	RICHMOND, VA
TITLE	ACS
NAME	ANDREWS, HARRIETTE A
STREET ADDRESS	901 SEMMES AVE
CITY-ST-ZIP	RICHMOND, VA 23224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000177511  
01/11/05-80049-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Harriette A. Andrews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/05/05 804-291-0014*