

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000001865

1. Entity Name

HMA CONSULTING, INC.



Principal Place of Business
2929 BRAIRPARK DR.
SUITE 325
HOUSTON TX 77042
US

Mailing Address
2929 BRAIRPARK DR.
SUITE 325
HOUSTON TX 77042
US

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 **75-2583921**

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

FRANCES, EDDIE ALA
1385 CORAL WAY #204
MIAMI FL 33145

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 \$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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	HATCHER, JOHN H	
STREET ADDRESS	2929 BRIARPARK DR. SUITE 325	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MELLOR, ROGER	
STREET ADDRESS	2929 BRIARPARK DR. SUITE 325	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BADE, MATTHEW L	
STREET ADDRESS	2929 BRIARPARK DR. SUITE 325	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALAN, OSZ	
STREET ADDRESS	2929 BRIARPARK DR. SUITE 325	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARK, BOWDEN	
STREET ADDRESS	2929 BRIARPARK DR. SUITE 325	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000222429	
CITY-ST-ZIP	02/09/05-80070-020 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H HATCHER

2/3/05 8322421600

Date

Daytime Phone #