

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055894

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** FACILITIES MANAGEMENT CONSULTING, INC.

**Current Principal Place of Business:**

334 BURCHETTE RD.  
MANSON, NC 27553

**New Principal Place of Business:**

**Current Mailing Address:**

334 BURCHETTE ROAD  
MANSON, NC 27553

**New Mailing Address:**

**FEI Number:** 59-3725957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KITCHEN, ROSE P  
3701 S. LAKE ORLANDO PKWY.  
UNIT #5  
ORLANDO, FL 32808 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MEADOWS, BENJAMIN W  
**Address:** 334 BURCHETTE RD.  
**City-St-Zip:** MANSON, NC 27553

**Title:** VD  
**Name:** LATHAM, CORBIE L  
**Address:** 4210 OAKBERRY DR.  
**City-St-Zip:** ORLANDO, FL 32817

**Title:** STD  
**Name:** MEADOWS, BENJAMIN W II  
**Address:** 114 ASHFORD PARKWAY  
**City-St-Zip:** ATLANTA, GA 30338

**Title:** D  
**Name:** KITCHEN, ROSE P  
**Address:** 3701 S. LAKE ORLANDO PKWAY, UNIT #5  
**City-St-Zip:** ORLANDO, FL 32808

I hereby 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 all other like empowered.

**SIGNATURE:** BENJAMIN W. MEADOWS

PD

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date