

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000086533

Entity Name: CMO CONSULTING, INC.

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4300 NW 23RD AVE SUITE 457  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

1501 NW 49TH TERRACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

PO DRAWER 2759  
GAINESVILLE, FL 32602

**New Mailing Address:**

FEI Number: 11-3785663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALZMAN, ANTHONY J  
MOODY SALZMAN & LASH  
500 E UNIVERSITY AVE SUITE A  
GAINESVILLE, FL 326022759 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: D  
Name: MORRISON, CRAIG R  
Address: 1501 NW 49TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

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: CRAIG R. MORRISON

D

03/20/2012

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

\_\_\_\_\_  
Date