

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000086663 1. Entity Name DMR CONSULTING, INC.	
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Principal Place of Business
8317 FRONT BEACH ROAD
STE 13B2
PANAMA CITY BEACH, FL 32407

Mailing Address
8317 FRONT BEACH ROAD
STE 13B2
PANAMA CITY BEACH, FL 32407



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3536951	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOSKINS, DAVID W
2951 FRANKFORD AVE
PANAMA CITY, FL 32405

**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	PS
NAME	HOSKINS, DAVID
STREET ADDRESS	2951 FRANKFORD AVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VT
NAME	CARMICHAEL, MARCUS
STREET ADDRESS	681 N. WALTON LAKESHORE
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/05-80028-019 150.00

**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)(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

DAVID HOSKINS

1-24-05

Date

850 230 3767

Daytime Phone #