

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000022654

**Entity Name:** MRM-2, INC.

**Current Principal Place of Business:**

970 LAKE CARILLON DR  
STE 300  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

970 LAKE CARILLON DR  
STE 300  
ST. PETERSBURG, FL 33716 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FUENTES, TONYA  
970 LAKE CARILLON DR  
STE 300  
ST PETERSBURG, FL 33716 US

*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

**Officer/Director Detail :**

Title            T  
Name            MARTWIG, KELLY  
Address        970 LAKE CARILLON DR, STE 300  
City-State-Zip: ST. PETERSBURG FL 33716

Title            S  
Name            FUENTES, TONYA  
Address        970 LAKE CARILLON DR, STE 300  
City-State-Zip: ST PETERSBURG FL 33716

*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:** TONYA FUENTES

**SECRETARY**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date