

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

04 AUG -5 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000081921

1. Entity Name
Ocmulgee Consulting, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10200 Grogan's Mill Road

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
The Woodlands, TX

City & State

Zip
77380

Country
USA

Zip

Country

4. FEI Number
582645750

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

City Tallahassee FL Zip Code 32301

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 Alison Hand, ASST sec DATE 8/4/04

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Director, President, Chief Executive Officer Lynn B. Graham 10200 Grogan's Mill Road The Woodlands, TX 77380	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000040223800 08/16/04--01076--012 **208.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chief Financial Officer, Secretary Gene P. Jones 10200 Grogan's Mill Road The Woodlands, TX 77380	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000040223800 08/16/04--01076--013 **350.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIN STATEMENT 03-04	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(i), 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: Gene P. Jones Gene P. Jones, CFO DATE 7/30/2004 713.590.1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PREASD

CR2E034B (12/02)