

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90244 046 ***550.00

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1. Entity Name

SMS SYSTEMS MAINTENANCE SERVICES, INC.



Principal Place of Business

**455 RIVER ROAD
HUDSON MA 01749**

Mailing Address

**455 RIVER ROAD
HUDSON MA 01749**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

04-2779058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, ROBERT
5925 IMPERIAL PKWY, STE 126
MULBERRY FL 33860**

Name

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

City

FL

Zip Code

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, 2006 Fee Will Be \$650.00

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 **PT** ☒ Delete
NAME **WELCH, THOMAS A**
STREET ADDRESS **110 KETTLE HOLE RD.**
CITY-ST-ZIP **BOLTON MA 01740**

TITLE **S** ☒ Delete
NAME **WELCH, CHAERLENE**
STREET ADDRESS **110 KETTLE HOLE RD.**
CITY-ST-ZIP **BOLTON MA 01740**

TITLE **S** ☒ Delete
NAME **JONES, ROBERT**
STREET ADDRESS **110 KETTLE HOLE RD.**
CITY-ST-ZIP **BOLTON MA 01740**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **JOSEPH SCORDINO**
STREET ADDRESS **3715 HEDGECIFF CT**
CITY-ST-ZIP **ALPHARETTA, GA 30022**

TITLE **CEO** ☐ Change ☒ Addition
NAME **DON DOCTOR**
STREET ADDRESS **512 MAYMONT DRIVE**
CITY-ST-ZIP **CRAMERTON, NC 28032**

TITLE **CFO** ☐ Change ☒ Addition
NAME **STEVE FANNY**
STREET ADDRESS **12131 CHATSWORTH CT**
CITY-ST-ZIP **CHARLOTTE, NC 28277**

TITLE **DIRECTOR / SECRETARY** ☐ Change ☒ Addition
NAME **JAMIE COWIE**
STREET ADDRESS **222 CUMBERLAND AVE**
CITY-ST-ZIP **KENILWORTH, IL 60043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Daytime Phone #

5-206

978-263-2442