

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # J10170

1. Entity Name
SYSTEMS MANAGEMENT GROUP, INC.



Principal Place of Business
**11 W. HAMPTON AVE.
MESA, AR 85210 US**

Mailing Address
**11 W. HAMPTON AVE
MESA, AR 85210 US**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1403609

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OLLE, DENNIS J ESQ
ADORNO & ZEDER, P.A.
2601 S. BAYSHORE DR., STE. 1600
MIAMI, FL 33131**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000023458
02/02/04-80025-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMALLEY, RANDALL S
STREET ADDRESS	11 W HAMPTON AVE
CITY-ST-ZIP	MESA, AZ
TITLE	VSD
NAME	BENSEN, ERIC R
STREET ADDRESS	11 W HAMPTON AVE
CITY-ST-ZIP	MESA, AZ
TITLE	P
NAME	SMALLEY, ROBERT A JR.
STREET ADDRESS	11 W HAMPTON AVE
CITY-ST-ZIP	MESA, AZ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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 Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric R. Bensen

1-20-2004

Date

480-464-7350

Daytime Phone #