


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J10170</b> 1. Entity Name SYSTEMS MANAGEMENT GROUP, INC.	
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Principal Place of Business 11 W. HAMPTON AVE. MESA, AR 85210 US	Mailing Address 11 W. HAMPTON AVE MESA, AR 85210 US
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01282005 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

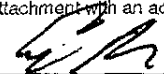
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALLEY, RANDALL S 11 W HAMPTON AVE MESA, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BENSEN, ERIC R 11 W HAMPTON AVE MESA, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMALLEY, ROBERT A JR. 11 W HAMPTON AVE MESA, AZ
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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02/04/05-80008-003 150.00

**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)(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 all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2005

480-464-7300

Date

Daytime Phone #