

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90367 042 \*\*\*150.00

<b>DOCUMENT # P00000007539</b>					
<b>1. Entity Name</b> SYSTEMS MANAGEMENT SERVICES, INC.					
<b>Principal Place of Business</b> 4902 S. 46TH PL. ROGERS, AR 72758			<b>Mailing Address</b> 4902 S. 46TH PL. ROGERS, AR 72758		
<b>2. Principal Place of Business</b> 5103 S 46th St Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5103 S 46th St Suite, Apt. #, etc.		<b>12004403</b> 	
<b>City &amp; State</b> Rogers, AR		<b>City &amp; State</b> Rogers, AR		<b>4. FEI Number</b> 59-3691604	
<b>Zip</b> 72758		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MOORE, BEN H 720 N. MAITLAND STE. 105 MAITLAND, FL 32751			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>FOLKES, DANNY L</b> <input type="checkbox"/> Delete <b>4902 S46TH PLACE</b> <b>ROGERS, AR 72758</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5103 S 46th St</b> <b>Rogers, AR 72758</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Danny L. Folkles</i> <b>Danny L. Folkles</b>			<b>4-12-04</b>		<b>479-621-8978</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>