

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90258 016 ***158.75

DOCUMENT # P02000011549

1. Entity Name
SITE MANAGEWARE, INC.



Principal Place of Business
1510 SE 17TH STREET
SUITE 300
FT LAUDERDALE, FL 33316

Mailing Address
1510 SE 17TH STREET
SUITE 300
FT LAUDERDALE, FL 33316

20001235

2. Principal Place of Business
2841 WEST CYPRESS CREEK RD.
Suite, Apt., #, etc.

3. Mailing Address
2841 WEST CYPRESS CREEK RD.
Suite, Apt., #, etc.

City & State
FORT LAUDERDALE FL
Zip 33309 Country USA

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FORT LAUDERDALE, FL
Zip 33309 Country USA

01112006 Chg-P CR2E034 (11/05)

4. FEI Number 01-0616300 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DAY, J ROBERT
1510 SE 17TH STREET
SUITE 300
FT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2841 WEST CYPRESS CREEK ROAD
City FORT LAUDERDALE FL Zip Code 33309

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	DAY, J. ROBERT	
STREET ADDRESS	1510 SE 17TH STREET, SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARMON, LAWRENCE	
STREET ADDRESS	1510 SE 17TH STREET, SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHOWALTER, NATHAN	
STREET ADDRESS	1510 SE 17TH STREET, SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPIERS, DAVID G	
STREET ADDRESS	1510 SE 17TH STREET, SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2841 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2841 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2841 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2841 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: NATHAN SHOWALTER PRES. 1/11/06 (954) 944-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #