


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90003 033 \*\*\*150.00

<b>DOCUMENT # P03000051546</b> 1. Entity Name <b>SMK CONSULTING GROUP, INC.</b>					
Principal Place of Business <b>4579 SWILCAN BRIDGE LANE NORTH JACKSONVILLE FL 32224</b>			Mailing Address <b>4579 SWILCAN BRIDGE LANE NORTH JACKSONVILLE FL 32224</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STUTSMAN &amp; THAMES, P.A.</b> <b>121 WEST FORSYTH STREET</b> <b>SUITE 600</b> <b>JACKSONVILLE FL 32202</b>				Name <b>SCOTT KING</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>4579 Swilcan Bridge Ln N</b>	
				City <b>JACKSONVILLE</b>	
				State <b>FL</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.				Zip Code <b>32224</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
10. OFFICERS AND DIRECTORS			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
TITLE	<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			NAME	<b>SCOTT KING</b>	
CITY-ST-ZIP			STREET ADDRESS	<b>4579 Swilcan Bridge Ln N</b>	
			CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

34074668



MOORE CR2E034 (4/04)

4. FEI Number  
**77-0614677**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/30/04** **904-891-6119**

Date

Daytime Phone #

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.