


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000092676</b> 1. Entity Name <b>SMG &amp; R, INCORPORATED</b>	
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Principal Place of Business <b>4320 EL PRADO BLVD. SUITE 20 TAMPA, FL 33629 US</b>	Mailing Address <b>4320 EL PRADO BLVD. SUITE 20 TAMPA, FL 33629 US</b>
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07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1275836</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>BALLARD, SANDRA 4320 EL PRADO BLVD. SUITE 20 TAMPA, FL 33629</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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	P BALLARD, SANDRA E P 4320 EL PRADO BLVD, SUITE 20 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALLARD, MARK A VP 4320 EL PRADO BLVD, SUITE 20 TAMPA, FL 33629
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U00000571495  
07/20/06-80012-006 550.00

**DO NOT WRITE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/06  
Date

813-902-1692  
Daytime Phone #