


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90038 040 \*\*\*150.00

<b>DOCUMENT # P04000114408</b> 1. Entity Name <b>SYSTEMS MANAGMENT AND TECHNOLOGY SERVICES INC</b>					
Principal Place of Business <b>8792 HARPERS GLEN CT JACKSONVILLE, FL 32256</b>			Mailing Address <b>8792 HARPERS GLEN CT JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1456191</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIDHAYE, SHILPA 8792 HARPERS GLEN JACKSONVILLE, FL 32256</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIDHAYE, SHILPA S 8792 HARPERS GLEN CT JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOHONI, SHAILESH M 8792 HARPERS GLEN CT JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	II	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input type="checkbox"/> Delete			
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: <b>Shailesh Sohoni</b> (Shailesh Sohoni) VP				7-7-05 (904) 5349741	

# ATTACHMENT

66025584

To

Glenda E Hood  
Secretary of State

Subject: SYSTEM MANAGEMENT AND TECHNOLOGY SERVICES INC  
Reference: P04000114408

This is regards to notice I have received , I have provided FEI number(20-1456191) in the application , although I am wondering about the check , I am assuming that you will use the check which I sent you previously and since its not written in your notice whether to send another check with corrected form , I am not sending the one more check , I would really appreciate if you can call me @ 904 534 9741 if you need another check.



Thanks  
Shailesh Sohoni  
VP, SMTS