


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000114408	
1. Entity Name SYSTEMS MANAGMENT AND TECHNOLOGY SERVICES INC	

Principal Place of Business 8792 HARPERS GLEN CT JACKSONVILLE, FL 32256	Mailing Address 8792 HARPERS GLEN CT JACKSONVILLE, FL 32256
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02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 20-1456191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SIDHYE, SHILPA
8792 HARPERS GLEN
JACKSONVILLE, FL 32256**

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6. 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 _____ DATE _____
Signature typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SIDHAYE, SHILPA S 8792 HARPERS GLEN CT JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SOHONI, SHAILESH M 8792 HARPERS GLEN CT JACKSONVILLE, FL 32256
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02/17/06-80003-014 150.00

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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:  **(Shailesh Sohoni, VP)** 2/1/06 (904) 534-9741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year