

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91284 039 \*\*\*150.00

**DOCUMENT # P93000066484**

1. Entity Name

SOFTWARE MANAGEMENT CONSULTANTS INC.



Principal Place of Business

235 HUNT CLUB BLVD., STE 101  
LONGWOOD FL 32779  
US

Mailing Address

235 HUNT CLUB BLVD., STE 101  
B208  
LONGWOOD FL 32779  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3206598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAIORELLO, ALFRED  
235 HUNT CLUB BLVD., STE 101  
SUITE B208  
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MAIORIELLO, ALFRED  
STREET ADDRESS 380 SEMORAN COMMERCCE PLACE #B208  
CITY-ST-ZIP APOPKA FL

TITLE V ☐ Delete  
NAME LEE, RONNIE  
STREET ADDRESS 612 QUAIL DRIVE  
CITY-ST-ZIP CHERAW SC 29520

TITLE V ☐ Delete  
NAME JORDAN, IV A  
STREET ADDRESS 121-A DR, AHRDDY CIRCLE  
CITY-ST-ZIP DILLON SC

TITLE ST ☐ Delete  
NAME JORDAN, THOMAS M  
STREET ADDRESS 116 DR HARDY CIRCLE  
CITY-ST-ZIP DILLON SC

TITLE V ☐ Delete  
NAME JORDAN, L. COOPER  
STREET ADDRESS 225 LAKESIDE DRIVE  
CITY-ST-ZIP DILLON SC 29536

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04

Date

407-869-9611

Daytime Phone #