


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000007539 1. Entity Name SYSTEMS MANAGEMENT SERVICES, INC.	
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Principal Place of Business 5103 SOUTH 46TH ST. ROGERS, AR 72758	Mailing Address 5103 SOUTH 46TH ST. ROGERS, AR 72758
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**DO NOT WRITE IN THIS SPACE**



04222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3691604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, BEN H  
 720 N. MAITLAND STE. 105  
 MAITLAND, FL 32751

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if 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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLKES, DANNY L 5103 SOUTH 46TH ST. ROGERS, AR 72758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOLKES, SHERRY A 5103 S. 46TH STREET ROGERS, AR 72758
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 05/05/06-80092-021 150.00

**DO NOT WRITE IN THIS SPACE**

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: Sherry A. Folkles      4-22-06      479-1021-8978  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Sherry A. Folkles