



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

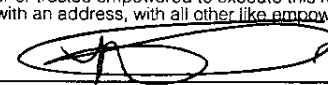
03-09-2004 90018 037 ***150.00

DOCUMENT # P99000051425 1. Entity Name STRATEGIC DEVELOPMENT CONSULTANTS, INC.					
Principal Place of Business 470 JILLOTUS STREET MERRITT ISLAND FL 32952			Mailing Address 470 JILLOTUS STREET MERRITT ISLAND FL 32952		
2. Principal Place of Business 470 JilLotus Street		3. Mailing Address 470 JilLotus Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Merritt Island, FL		City & State Merritt Island, FL			
Zip 32952 Country US		Zip 32952 Country US			
6. Name and Address of Current Registered Agent SCHWANTZ, REGINA M 470 JILLOTUS STREET MERRITT ISLAND FL 32952			7. Name and Address of New Registered Agent 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  DATE 2/24/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SCHWANTZ, REGINA M 470 JILLOTUS STREET MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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

 **Schwartz**
Regina **2/24/04** **3214271254**
 Date Daytime Phone #