

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90048 035 ***150.00

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1. Entity Name

STRATEGIC DEVELOPMENT CONSULTANTS, INC.



Principal Place of Business

470 JILLOTUS ST.
MERRITT ISLAND FL 32952

Mailing Address

470 JILLOTUS ST.
MERRITT ISLAND FL 32952

2. Principal Place of Business

300 Eagle lane
Suite, Apt. #, etc.

3. Mailing Address

300 Eagle lane
Suite, Apt. #, etc.

50014093



1st MOORE

CR2E034 (10/04)

City & State

Merritt Island FL
Zip 32953 Country US

City & State

Merritt Island FL
Zip 32953 Country US

4. FEI Number

59-3577889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWANTZ, REGINA M
300 EAGLE LANE
MERRITT ISLAND FL 32853

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

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

Regina Schwantz
(NOTE: Registered Agent signature required when reinstating)

2/5/05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PO
NAME SCHWANTZ, REGINA M ☒ Delete
STREET ADDRESS 470 JILLOTUS STREET
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME Regina Schwantz
STREET ADDRESS 300 Eagle lane
CITY-ST-ZIP Merritt Island, FL 32953

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

TITLE ☐ Change ☐ Addition
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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

President 2/5/05 3214271254
Regina Schwantz
Daytime Phone #