

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90289 011 ****70.00

DOCUMENT # N03000009607					
1. Entity Name SMART PLANNING AND GROWTH COALITION, INC.					
Principal Place of Business 52 ORANGE AVE KEY LARGO, FL 33037			Mailing Address PO BOX 3292 KEY LARGO, FL 33037		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 200518645	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE ROBERT ROHE, P.A. 25000 OVERSEAS HWY SUMMERLAND KEY, FL 33042				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete KOSLOFSKY, ADAM PO BOX 3292 N/A KEY LARGO, FL 33037				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete _____				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete _____				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete _____				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete _____				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete _____				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete _____				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD/DTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADAM KOSLOFSKY 52 ORANGE DR. KEY LARGO, FL 33037				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT B. MARSHALL 479 BAHIA AVE. KEY LARGO, FL 33037				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT A. GRAHAM 99610 OVERSEAS HIGHWAY KEY LARGO, FL 33037				
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"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 617, 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: <i>Adam Koslowsky</i> <i>ADAM KOSLOFSKY</i> <i>4/25/04</i> <i>305-394-2010</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					