

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000040827

1. Entity Name

SCM PLANNING CORPORATION



Principal Place of Business

3960 S.W. 146TH AVENUE
MIRAMAR, FL 33027

Mailing Address

3960 S.W. 146TH AVENUE
MIRAMAR, FL 33027

DO NOT WRITE IN THIS SPACE

FILED

04 APR -8 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02062004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-1078576

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C ESQ
C/O HOLLAND & KNIGHT LLP
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131

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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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS-BALDWIN, STEPHANIE
STREET ADDRESS 3960 S.W. 146TH AVENUE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE VD
NAME BALDWIN, GREGORY
STREET ADDRESS 3960 S.W. 146TH AVENUE
CITY-ST-ZIP MIRAMAR, FL 33027

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~~04/08/04 01017-006 **70.00~~
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04/08/04 01017-006 **70.00

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IN THIS SPACE**

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:

Stephanie Williams Baldwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

Date

Daytime Phone #