

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000071689		
1. Entity Name STRATEGIC WEALTH MANAGEMENT GROUP, INC.		
Principal Place of Business 701 COLORADO AVENUE STUART, FL 34994	Mailing Address 701 COLORADO AVENUE STUART, FL 34994	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0604005		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0604005	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPRAKER, MIKEL C 701 COLORADO AVENUE STUART, FL 34994	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P MEHLICH, GERALD 701 COLORADO AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROEGERS STEPHEN 701 COLORADO AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPRAKER, MIKEL 701 COLORADO AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDIN, GENE 701 COLORADO AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/05-80058-007 150.00

**DO NOT WRITE
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)(f), 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

Date _____ Daytime Phone # _____