


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90127 001 \*\*\*450.00

<b>DOCUMENT # V23736</b> 1. Entity Name <b>STRATEGIC PLANNING AND MANAGEMENT, INC.</b>					
Principal Place of Business 12518 83RD LANE NORTH WEST PALM BEACH, FL 33412 US			Mailing Address 12518 83RD LANE NORTH WEST PALM BEACH, FL 33412 US		
2. Principal Place of Business <b>4369 Northlake Blvd</b>		3. Mailing Address <b>4369 Northlake Blvd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Palm Beach Gardens FL</b>		City & State <b>Palm Beach Gardens FL</b>			
Zip <b>33410</b>	Country	Zip <b>33410</b>	Country	4. FEI Number <b>65-0392195</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HORWITZ, MICHAEL</b> <b>12518 83RD LANE NORTH</b> <b>WEST PALM BEACH, FL 33412</b>			7. Name and Address of New Registered Agent Name <b>MICHAEL HORWITZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>11971 Carnegie</b> City <b>West Palm Beach</b> FL Zip Code <b>33412</b>		
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)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORWITZ, MICHAEL 12518 83RD LANE NORTH WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11971 Carnegie</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HORWITZ, SUZANNE 12518 83RD LANE NORTH WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11971 Carnegie</b>
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	
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	
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	
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	
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			Date <b>4/15/04</b> Daytime Phone # <b>561-202-2400</b>		

66413574



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