

2005 FOR PROFIT CORPORATION ANNUAL REPORT

\$150.00

DOCUMENT # V23736

1. Entity Name
STRATEGIC PLANNING AND MANAGEMENT, INC.



FILED

05 MAR 29 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4369 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410 US

Mailing Address

4369 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410 US



DO NOT WRITE IN THIS SPACE

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4. FEI Number

65-0392195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORWITZ, MICHAEL
11971 CARNEGIE
WEST PALM BEACH, FL 33412

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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

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, 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	P
NAME	HORWITZ, MICHAEL
STREET ADDRESS	11971 CARNEGIE
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	ST
NAME	HORWITZ, SUZANNE
STREET ADDRESS	11971 CARNEGIE
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

\$150.00

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

Daytime Phone #