

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V23736

1. Entity Name
STRATEGIC PLANNING AND MANAGEMENT, INC.



Principal Place of Business

4369 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410 US

Mailing Address

4369 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410 US

FILED

06 APR 25 PM 4:33

SECRET
DATE 4/25/06



03272006 No Chg-P CR2E034 (11/05)

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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

**DO NOT WRITE
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, 2006 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

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CITY-ST-ZIP

000074030250
05/05/06--01011--001 **600.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

3/27/06 (561) 202-2400