


2007 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	
2. Principal Place of Business - No P.O. Box # 7040-22 Seminole Pratt Whitney Rd		3. Mailing Address 7040-22 Seminole Pratt Whitney Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Loxahatchee FL		City & State Loxahatchee FL	
Zip 33470		Country US	
4. FEI Number 65-0392195		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORWITZ, MICHAEL 11971 CARNEGIE WEST PALM BEACH, FL 33412		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7040-22 Seminole Pratt Whitney Rd City Loxahatchee FL Zip Code 33470	
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: <i>Suzanne M. Horwitz</i> 3/27/07 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORWITZ, MICHAEL	NAME	
STREET ADDRESS	11971 CARNEGIE	STREET ADDRESS	7040-22 Seminole Pratt Whitney Rd.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	ST	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORWITZ, SUZANNE	NAME	
STREET ADDRESS	11971 CARNEGIE	STREET ADDRESS	7040-22 Seminole Pratt Whitney Rd.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Suzanne M. Horwitz</i> 3/27/07		Date: 3/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

07 MAR 26 PM 2:32

CLERK OF STATE
TALLAHASSEE, FLORIDA



03202007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
7040-22 Seminole Pratt Whitney Rd
City Loxahatchee FL Zip Code 33470

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: *Suzanne M. Horwitz* 3/27/07
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORWITZ, MICHAEL	NAME	
STREET ADDRESS	11971 CARNEGIE	STREET ADDRESS	7040-22 Seminole Pratt Whitney Rd.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	ST	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORWITZ, SUZANNE	NAME	
STREET ADDRESS	11971 CARNEGIE	STREET ADDRESS	7040-22 Seminole Pratt Whitney Rd.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Suzanne M. Horwitz* 3/27/07
Date: 3/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR