

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # 486069

1. Entity Name  
KURT SCHICKEDANZ, INCORPORATED



Principal Place of Business  
7741 N. MILITARY TRAIL, SUITE 1  
PALM BEACH GARDENS, FL 33410

Mailing Address  
7741 N. MILITARY TRAIL, SUITE 1  
PALM BEACH GARDENS, FL 33410



02252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1621461

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FENNIMAN, JOHN  
7741 N. MILITARY TRAIL, SUITE 1  
PALM BEACH GARDENS, FL 33410

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

05/07/08-80007-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	SCHICKENDANZ, KURT
STREET ADDRESS	7741 N. MILITARY TRAIL, SUITE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	V
NAME	SCGICKENDANZ, JOHANNA
STREET ADDRESS	7741 N. MILITARY TRAIL, SUITE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	V
NAME	SCHICKENDANZ, WALDEMAR K
STREET ADDRESS	7741 N. MILITARY TRAIL, SUITE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

*Waldemar K. Schickedanz V.P.*  
Waldemar K. Schickedanz, Vice President  
Kurt Schickedanz, Inc.

OFFICER OR DIRECTOR

4/18/08

Date

561 8458797

Daytime Phone #