

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 486070

1. Entity Name
GUSTAV SCHICKEDANZ, INCORPORATED



Principal Place of Business

**7741 N. MILITARY TRAIL
SUITE 1
PALM BEACH GARDENS, FL 33410 US**

Mailing Address

**7741 N. MILITARY TRAIL
SUITE 1
PALM BEACH GARDENS, FL 33410 US**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1621459

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FENNIMAN, JOHN
900 SE OCEAN BLVD STE 120
STUART, FL 34994**

**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 restateating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000123001
04/21/04-80053-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SCHICKEDANZ, GUSTAV 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHICKEDANZ, ANN 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHICKEDANZ, WALDEMAR 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:

Waldemar K. Schickedanz V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Waldemar K. Schickedanz, Vice President

Date

4/10/04

Daytime Phone #

561 845 8797