

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**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**



02252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1621459**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**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 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

000000910604  
05/07/08-80007-015 150.00

**10. OFFICERS AND DIRECTORS**

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

**Gustav Schickedanz, Inc.**  
**W.K. Schickedanz, Vice President**

ICER OR DIRECTOR

Date

Daytime Phone #

**4/18/08** **561 8458797**