

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 486070

FILED
Feb 24, 2009
Secretary of State

Entity Name: GUSTAV SCHICKEDANZ, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1621459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FENNIMAN, JOHN
643 SW RIVER CT
PALM CITY, FL 34990 US

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.

SIGNATURE:

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SCHICKEDANZ, GUSTAV
Address: 7741 N. MILITARY TRAIL, SUITE 1
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VS () Delete
Name: SCHICKEDANZ, ANN
Address: 7741 N. MILITARY TRAIL, SUITE 1
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VP () Delete
Name: SCHICKEDANZ, WALDEMAR
Address: 7741 N. MILITARY TRAIL, SUITE 1
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WK SCHICKEDANZ

VP

02/24/2009

Electronic Signature of Signing Officer or Director

Date