

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F27474

1. Entity Name
SCHICKEDANZ BROS, INC.



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
59-2075887

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

**SCHICKEDANZ, WALDEMAR
7741 N. MILITARY TRAIL
SUITE 1
PLM BCH 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

**U000000122989
04/21/04-80053-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHICKEDANZ, WALDEMAR
STREET ADDRESS	7741 N. MILITARY TRAIL, SUITE 1
CITY-ST-ZIP	PLM BCH GARDENS, FL 33410
TITLE	DV
NAME	SCHICKEDANZ, GERHARD H.
STREET ADDRESS	7741 N. MILITARY TRAIL, SUITE 1
CITY-ST-ZIP	PLM BCH GARDENS, FL 33410
TITLE	S
NAME	SCHICKEDANZ, GAIL
STREET ADDRESS	7741 N. MILITARY TRAIL SUITE 1
CITY-ST-ZIP	PLM BCH GARDENS, FL 33410
TITLE	T
NAME	SCHICKEDANZ, LEANNE S
STREET ADDRESS	7741 N. MILITARY TRAIL, SUITE 1
CITY-ST-ZIP	PLM BCH 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Waldemar K Schickedanz, President

4/10/04

561 845 8797

Date

Daytime Phone #