


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F27474 1. Entity Name SCHICKEDANZ BROS, INC.	
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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
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02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2075887	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000910547
05/07/08-80007-012 150.00

10. OFFICERS AND DIRECTORS

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

Schickedanz Bros., Inc.
Waldemar Schickedanz, President

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W. Schickedanz, Pres. 4/14/08 561 845 8797