2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F27474

Entity Name: SCHICKEDANZ BROS, INC.

SCHICKEDANZ, LEANNE S

7741 N. MILITARY TRAIL, SUITE 1

PLM BCH GARDENS, FL 33410 US

Name:

Address:

City-St-Zip:

FILED Feb 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7741 N MILIT	TARY TRAIL					
SUITE 1 PALM BEAC	H GARDENS	, FL 33410	US			
Current Mai	iling Address	:		New Mailing Address	:	
7741 N MILIT SUITE 1	TARY TRAIL					
	H GARDENS	, FL 33410	US			
FEI Number: 5	9-2075887	FEI Number A	pplied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
7741 N. MILI SUITE 1	ANZ, WALDEN TARY TRAIL ARDENS, FL					
The above noting the State of		ubmits this sta	atement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE						
	Electronic	Signature of	f Registered Ag	ent	Date	
Election Camp	aign Financing	Trust Fund Cor	ntribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Name: S Address:	DP () [SCHICKEDANZ, ' 7741 N. MILITAR PLM BCH GARDI	Y TRAIL, SUITE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: S Address:	DV ()[SCHICKEDANZ, 7741 N. MILITAR PLM BCH GARDI	Y TRAIL, SUITE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: S Address:	S () [SCHICKEDANZ, [,] 7741 N. MILITAR PLM BCH GARDI	Y TRAIL SUITE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WK SCHICKEDANZ RA 02/24/2009