

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K54111**

1. Entity Name  
**SCHICKEDANZ ENTERPRISES, INC.**



Principal Place of Business  
**7741 NORTH MILITARY TRAIL  
STE 1  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**7741 NORTH MILITARY TRAIL  
STE 1  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0105118** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SCHICKEDANZ, WALDEMAR  
7741 NORTH MILITARY TRAIL  
STE 1  
PALM BEACH 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 retreating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000522794  
05/03/06-80046-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	SCHICKEDANZ, WALDEMAR
STREET ADDRESS	7741 NORTH MILITARY TRAIL, STE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DVP
NAME	SCHICKEDANZ, GERHARD H.
STREET ADDRESS	7741 NORTH MILITARY TRAIL, STE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	AVP
NAME	SOUSA, OSWALD T
STREET ADDRESS	7711 NORTH MILITARY TRAIL, 3RD FLOOR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	SCHICKEDANZ, GAIL
STREET ADDRESS	7741 NORTH MILITARY TRAIL, STE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	T
NAME	SCHICKEDANZ, LEANNE S
STREET ADDRESS	7741 NORTH MILITARY TRAIL, STE 1
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
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 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:

*Waldemar Schickedanz*  
Schickedanz Enterprises, Inc.  
Waldemar Schickedanz, President

**SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

*561-845-8797*