


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0105118	Applied For <input type="checkbox"/> 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 NORTH MILITARY TRAIL STE 1 PALM BEACH GARDENS, FL 33410
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000910595 05/07/08-20007-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHICKEDANZ, WALDEMAR 7741 NORTH MILITARY TRAIL, STE 1 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHICKEDANZ, GERHARD H. 7741 NORTH MILITARY TRAIL, STE 1 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SOUSA, OSWALD T 7711 NORTH MILITARY TRAIL, 3RD FLOOR PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHICKEDANZ, GAIL 7741 NORTH MILITARY TRAIL, STE 1 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHICKEDANZ, LEANNE S 7741 NORTH MILITARY TRAIL, STE 1 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 K. Schickedanz, Pres. 4/18/08 561 845 8797
Waldemar K. Schickedanz, President, Schickedanz Enterprises, Inc Date Daytime Phone #