

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05446

Entity Name: SCHICKEDANZ BROS WEST, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

7615 MITCHELL BLVD
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

7712 COUNTY LINE ROAD
ODESSA, FL 33556

Current Mailing Address:

PO BOX 2197
NEW PORT RICHEY, FL 346562197

New Mailing Address:

PO BOX 100
ODESSA, FL 33556

FEI Number: 59-2960389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAIG, GUNTHER
7615 MITCHELL BLVD
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

FLAIG, GUNTHER
7712 COUNTY LINE ROAD
ODESSA, FL 33556 US

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.

SIGNATURE:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLAIG, GUNTHER
Address: 7615 MITCHELL BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VST () Delete
Name: FLAIG, SUSANNE
Address: 7615 MITCHELL BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLAIG, GUNTHER
Address: 7712 COUNTY LINE ROAD
City-St-Zip: ODESSA, FL 33556

Title: VST (X) Change () Addition
Name: FLAIG, SUSANNE
Address: 7712 COUNTY LINE ROAD
City-St-Zip: ODESSA, FL 33556

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.

SIGNATURE: JANICE E METTA

CONT

05/01/2009

Electronic Signature of Signing Officer or Director

Date