


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90014 027 \*\*\*150.00

<b>DOCUMENT # L38048</b> 1. Entity Name <b>WALDEMAR K. SCHICKEDANZ, INC.</b>					
Principal Place of Business <b>SCHICKEDANZ CAPITAL GROUP, LLC</b> <b>7741 N. MILITARY TRAIL, SUITE #1</b> <b>PALM BEACH GARDENS, FL 33410 US</b>			Mailing Address <b>SCHICKEDANZ CAPITAL GROUP, LLC</b> <b>7741 N. MILITARY TRAIL, SUITE #1</b> <b>PALM BEACH GARDENS, FL 33410 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>65-0227285</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>SCHICKEDANZ, WALDEMAR K.</b> <b>7741 N. MILITARY TRAIL</b> <b>STE 1</b> <b>PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHICKEDANZ, WALDEMAR K. 7741 N MILITARY TRAIL STE 1 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDTs SCHICKEDANZ, GAIL 7741 N MILITARY TRAIL STE 1 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Waldemar Schickedanz, Pres.</i> Waldemar Schickedanz President		3/10/2005 Date		561-845-8797 Daytime Phone #	