

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # L38048

1. Entity Name
WALDEMAR K. SCHICKEDANZ, INC.



Principal Place of Business
**SCHICKEDANZ CAPITAL GROUP, LLC
7741 N. MILITARY TRAIL, SUITE #1
PALM BEACH GARDENS, FL 33410 US**

Mailing Address
**SCHICKEDANZ CAPITAL GROUP, LLC
7741 N. MILITARY TRAIL, SUITE #1
PALM BEACH GARDENS, FL 33410 US**



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0227285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHICKEDANZ, WALDEMAR K.
7741 N. 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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHICKEDANZ, WALDEMAR K.
STREET ADDRESS	7741 N MILITARY TRAIL STE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VDTS
NAME	SCHICKEDANZ, GAIL
STREET ADDRESS	7741 N MILITARY TRAIL STE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/07-80086-013 150.00

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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, Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Waldemar K. Schickedanz, President 5/15/07 561-845-8777
Date Daytime Phone #