

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.	
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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
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DO NOT WRITE IN THIS SPACE



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0227285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHICKEDANZ, WALDEMAR K. 7741 N MILITARY TRAIL STE 1 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDTs SCHICKEDANZ, GAIL 7741 N MILITARY TRAIL STE 1 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000669824
 03/27/07-80086-013 150.00

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. Waldemar K. Schickedanz, Inc.
 Waldemar K. Schickedanz, President 5/15/07 561-845-8797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #