

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L46444

1. Entity Name
ARTHUR A. SCHICKEDANZ, INC.



Principal Place of Business

7741 N. MILITARY TRAIL
SUITE 1
PALM BEACH GARDENS, FL 33410 US

Mailing Address

7741 N. MILITARY TRAIL
SUITE 1
PALM BEACH GARDENS, FL 33410 US

FILED
Apr 21, 2004 08:00 AM
Secretary of State



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0229804

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHICKEDANZ, GERHARD H.
7741 N. MILITARY TRAIL
SUITE 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000122992
04/21/04-80053-008 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCHICKEDANZ, ARTHUR A
STREET ADDRESS 3311 BAYVIEW AVE. #105
CITY-ST-ZIP WILLOWDALE, ONT. CAN,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: *G. Schickedanz* Reg. Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE: Gerhard H. Schickedanz, Registered Agent

4/10/04

561 845 8797

Date

Daytime Phone #