

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


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

03-22-2005 90014 031 \*\*\*150.00

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01052005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L47093</b>					
1. Entity Name MANFRED M. SCHICKEDANZ, INC.					
Principal Place of Business 7741 N. MILITARY TRAIL SUITE 1 WEST PALM BEACH, FL 33410			Mailing Address 7741 N. MILITARY TRAIL SUITE 1 WEST PALM BEACH, FL 33410		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0230664				Applied For 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 7741 N. MILITARY TRAIL SUITE 1 WEST PALM BEACH, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
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>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHICKEDANZ, MANFRED M.		NAME		
STREET ADDRESS	5432 11TH ST NE		STREET ADDRESS		
CITY-ST-ZIP	CALGARY, ALB, CAN,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHICKEDANZ, ROBIN J.		NAME		
STREET ADDRESS	5432 11TH ST NE		STREET ADDRESS		
CITY-ST-ZIP	CALGARY, ALB, CAN,		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHICKEDANZ, WALDEMAR		NAME		
STREET ADDRESS	7741 N MILITARY TRAIL, SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33410		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>Waldemar Schickedanz, V.P.</u>			3/10/2005 561-845-8797		
Waldemar Schickedanz Vice President			OFFICER OR DIRECTOR		