

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L47093

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**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0230664

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000522789
05/03/06-80046-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHICKEDANZ, MANFRED M.
STREET ADDRESS	5432 11TH ST NE
CITY-ST-ZIP	CALGARY, ALB, CAN.
TITLE	D
NAME	SCHICKEDANZ, ROBIN J.
STREET ADDRESS	5432 11TH ST NE
CITY-ST-ZIP	CALGARY, ALB, CAN.
TITLE	VP
NAME	SCHICKEDANZ, WALDEMAR
STREET ADDRESS	7741 N MILITARY TRAIL, SUITE 1
CITY-ST-ZIP	WEST PALM BEACH, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 Schickedanz

Manfred M. Schickedanz, Inc.
Waldemar Schickedanz, Registered Agent

OFFICER OR DIRECTOR

Date

Daytime Phone #

561-845-8797