


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L47093 1. Entity Name MANFRED M. SCHICKEDANZ, INC.	
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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
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02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0230664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____
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, 2008 Fee will be \$550.00**

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

U000000910586
05/07/08-80007-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHICKEDANZ, MANFRED M. 5432 11TH ST NE CALGARY, ALB, CAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHICKEDANZ, ROBIN J. 5432 11TH ST NE CALGARY, ALB, CAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHICKEDANZ, WALDEMAR 7741 N MILITARY TRAIL, SUITE 1 WEST PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Manfred M. Schickedanz, Inc. 4/18/08 5618458797
Manfred M. Schickedanz, Inc. OFFICER OR DIRECTOR Date Daytime Phone #
Waldemar Schickedanz, Registered Agent