

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000083442	
1. Entity Name MANFRED SCHICKEDANZ FAMILY CORPORATION	

Principal Place of Business 7741 N MILITARY TRAIL STE 1 PALM BEACH GARDENS, FL 33410	Mailing Address 7741 N MILITARY TRAIL STE 1 PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1114741	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHICKEDANZ, W.K.
7741 N MILITARY TRAIL STE 1
PALM BEACH GARDENS, FL 33410**

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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)
Signature, typed or printed name of registered agent and title if applicable. 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	U000000522786 05/03/06-80046-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHICKEDANZ, MANFRED RR #2, COCHRANE ALBERTA, CANADA T0L 0W0.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, Registered Agent **561-845-8797**
Manfred Schickedanz Family Corp. Date _____ Daytime Phone # _____