

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000083444

1. Entity Name
CHARLOTTE SCHICKEDANZ FAMILY CORPORATION



Principal Place of Business

**7741 N MILITARY TRAIL
STE 1
PALM BCH GARDENS, FL 33410**

Mailing Address

**7741 N MILITARY TRAIL
STE 1
PALM BCH GARDENS, FL 33410**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-1085668** 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 BCH 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)

U00000522703
05/03/06-90046-009 150.00

**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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SCHICKEDANZ, CHARLOTTE**
STREET ADDRESS **7741 NE MILITARY**
CITY-ST-ZIP **ONTARIO, CA L8-C13**

TITLE
NAME
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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 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 K. Schickedanz
OFFICER OR DIRECTOR

Waldemar K. Schickedanz, Registered Agent
Charlotte Schickedanz Family Corp

Date

Daytime Phone #

561-845-5797