

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 486070

Entity Name: SCHICKEDANZ SISTERS, INC.**Current Principal Place of Business:**7712 W. COUNTY LINE ROAD
ODESSA, FL 33556**Current Mailing Address:**7712 W. COUNTY LINE ROAD
ODESSA, FL 33556 US**FEI Number:** 59-1621459**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILMORE, DAVID CESQ.
7620 MASSACHUSETTS AVENUE
NEW PORT RICHEY, FL 34653 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|--------------------------|
| Title | P |
| Name | STEUER, LISA |
| Address | 7712 W. COUNTY LINE ROAD |
| City-State-Zip: | ODESSA FL 33556 |

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|-----------------|--------------------------|
| Title | VP |
| Name | MATTHIAS, HEIDI |
| Address | 7712 W. COUNTY LINE ROAD |
| City-State-Zip: | ODESSA FL 33556 |

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|-----------------|--------------------------|
| Title | ST |
| Name | FLAIG, SUSI |
| Address | 7712 W. COUNTY LINE ROAD |
| City-State-Zip: | ODESSA FL 33556 |

| | |
|-----------------|--------------------------|
| Title | VP |
| Name | SCHICKEDANZ, TINA |
| Address | 7712 W. COUNTY LINE ROAD |
| City-State-Zip: | ODESSA FL 33556 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSI FLAIG

ST

04/30/2018

Electronic Signature of Signing Officer/Director Detail_____
Date