2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 827106

1. Entity Name
MICTRON, INC.

Principal Place of Business	Mailing Address
6050 PORTER WAY SARASOTA, FL 34232	6050 PORTER WAY SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1318770	Not Applicable

5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEINSTEN, MYRON
1192 HORIZON VIEW DRIVE
SARASOTA, FL 34242

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

U000000785910
01/17/08-80020-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEINSTEIN, MYRON
STREET ADDRESS	1192 HORIZON VIEW DRIVE
CITY-ST-ZIP	SARASOTA, FL

TITLE	VPD
NAME	KOPP, ROLF
STREET ADDRESS	30002 CLAY GULLY ROAD
CITY-ST-ZIP	SARASOTA, FL

TITLE	STD
NAME	SMITH, RONALD
STREET ADDRESS	4711 OCEAN BLVD.
CITY-ST-ZIP	SARASOTA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Ronald C Smith_   1/11/08   941 371-2028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #