

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # F75655

1. Entity Name  
LORETTA MIKULSKIS, P.A.



Principal Place of Business  
7656 US HWY 1  
MICCO, FL 32976

Mailing Address  
7656 US HWY 1  
MICCO, FL 32976



02122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2181459

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MIKULSKIS, LORETTA  
7656 US HWY 1  
MICCO, FL 32976

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

1100000235129  
02/18/05-80048-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MIKULSKIS, LORETTA (PA)  
STREET ADDRESS 7656 US HWY 1  
CITY-ST-ZIP MICCO, FL 32976

TITLE  
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CITY-ST-ZIP

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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 exemption stated in Section 119.07(3)(f), 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: *Loretta Mikulskis* 2/12/05 664-0066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #