

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90261 012 \*\*\*150.00

**DOCUMENT # P01000068907**

1. Entity Name  
**MIKERONZ, INC.**



Principal Place of Business  
175 E. MAIN ST.  
BARTOW, FL 33830

Mailing Address  
175 E. MAIN ST.  
BARTOW, FL 33830

0100000000



**DO NOT WRITE IN THIS SPACE**

01242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3732523**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MORRISON, JOSEPH A**  
**3500 S. FLORIDA AVE., SUITE 3**  
**LAKELAND, FL 33803**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PVTS**  
**ZIRANSKI, RONALD**  
**6025 MELANIE COURT**  
**LAKELAND, FL 33811**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 E. ZIRANSKI *Reg* President 4/16/04 863 533 7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #