

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90018 018 ***150.00

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1. Entity Name

MIKUSKA MFG., INC.



Principal Place of Business

233 WINNACHEE DR
STUART FL 34994

Mailing Address

PO BOX 1844
PALM CITY FL 34991

2. Principal Place of Business

3. Mailing Address

PO Box 1844

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

Country

34991

USA

4. FEI Number

87-0720607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIKUSKA, RICHARD R
233 WINNACHEE DR
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Richard R. Mikuska

RICHARD R. MIKUSKA

2/27/06

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MIKUSKA, RICHARD R
STREET ADDRESS PMB 128235, 3590 ROUND BOTTOM RD
CITY-ST-ZIP CINCINNATI OH 45244-3026

TITLE D ☐ Delete
NAME MIKUSKA, CHARLOTTE A
STREET ADDRESS PMB 128235, 3590 ROUND BOTTOM RD
CITY-ST-ZIP CINCINNATI OH 45244-3026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charlotte A. Mikuska / CHARLOTTE A. MIKUSKA 2/27/06 (774)285-5308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #