

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90025 034 \*\*\*150.00

**DOCUMENT # P04000032296**

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 - No P.O. Box #

233 Winnachee Dr.

3. Mailing Address

P.O. Box 1844

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

PALM City, FL

4. FEI Number

87-0720607

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34991

Country

USA

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

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**

**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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowerment.

SIGNATURE:

*Richard R. Mikuska*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/08  
Date

Daytime Phone #