

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000074899

1. Entity Name  
ROBERT MAIKER CONSULTING, INC.



Principal Place of Business  
2046 SANTIAGO WAY SOUTH  
CLEARWATER, FL 33763

Mailing Address  
2046 SANTIAGO WAY SOUTH  
CLEARWATER, FL 33763

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-5217603

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

MAIKER, ROBERT L  
2046 SANTIAGO WAY SOUTH  
CLEARWATER, FL 33763

**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 Robert Maiker  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000954063  
07/10/08-80009-021 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MAIKER, ROBERT L  
2046 SANTIAGO WAY SOUTH  
CLEARWATER, FL 33763

TITLE  
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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 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: Robert Maiker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #