

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90083 048 ***158.75

DOCUMENT # J91456 1. Entity Name GALAXY FIREWORKS, INCORPORATED					
Principal Place of Business 204 E MARTIN LUTHER KING TAMPA, FL 33603 US			Mailing Address 204 E MARTIN LUTHER KING BLVD TAMPA, FL 33603 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03142005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3092878				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUNNEWELL, SHARON L. 204 E MARTIN LUTHER KING TAMPA, FL 33603			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 _____ (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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HUNNEWELL, SHARON L. 204 E. MARTIN LUTHER KING TAMPA, FL 33603	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICKY JOHNSON 204 E. MLK Blvd Tampa, FL 33603
☐ Change ☒ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
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: Sharon Hunnewell SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3/14/15 813-234-2264 Date Daytime Phone #	