

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000001910**

1. Entity Name  
**TAMPA FIREWORKS ASSOCIATION, INC.**



Principal Place of Business  
**204 E. M.L. KING JR. BLVD.  
TAMPA, FL 33603 US**

Mailing Address  
**204 E. M.L. KING JR. BLVD.  
TAMPA, FL 33603 US**



03042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0768472**

Applied For  
Not Applicable

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

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

**HUNNEWELL-JOHNSON, SHARON  
204 E. M.L. KING JR. BLVD.  
TAMPA, FL 33603**

**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

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

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	P HUNNEWELL-JOHNSON, SHARON 204 E. M.L. KING JR. BLVD. TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, PATRICK 204 E MLK BLVD TAMPA, FL 33602
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03/27/08-80065-009 70.00

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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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/08

Date

813-234-2264

Daytime Phone #