

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003758

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** OZONA NEIGHBORHOOD FIREWORKS FUND, INC.

**Current Principal Place of Business:**

1014 U.S. HIGHWAY 19  
SUITE 110  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

**Current Mailing Address:**

1014 U.S. HIGHWAY 19  
SUITE 110  
HOLIDAY, FL 34691 US

**New Mailing Address:**

**FEI Number:** 26-2425691      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LAW OFFICE OF JOHN D. ANDREOPOULOS, P.A.  
1014 U.S. HIGHWAY 19  
SUITE 110  
HOLIDAY, FL 34691 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ANDREOPOULOS, JOHN  
**Address:** 1014 U.S. HIGHWAY 19, SUITE 110  
**City-St-Zip:** HOLIDAY, FL 34691

**Title:** D  
**Name:** SCHMID, EDWARD  
**Address:** 237 SHORE DRIVE  
**City-St-Zip:** OZONA, FL 34683

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD SCHMID

D

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date