

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00
Secretary of Sta

DOCUMENT # N97000002531

1. Entity Name
 FLORIDA FIREWORKS ASSOCIATION INC



Principal Place of Business
 204 E MARTIN LUTHER KING BLVD
 TAMPA, FL 33603

Mailing Address
 204 E MARTIN LUTHER KING BLVD
 TAMPA, FL 33603

2. Principal Place of Business
 Suite Apt # etc

3. Mailing Address
 Suite Apt # etc

City & State
 Zip Country

City & State
 Zip Country

4. FEE REQUIRED
 NOT APPLICABLE

Approved For
 Not Applicable

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

6. 42005 Chg-IMP CR2E037 (10/03)

5. Name and Address of Current Registered Agent
 HUNNEWELL, SHARON
 204 E MARTIN LUTHER KING BLVD
 TAMPA, FL 33603

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office, its registered agent, or both. I, the State of Florida, in conformity with and accept the obligations of registered agent.

SIGNATURE
 I, the State of Florida, certify that the above information is true and correct.

Filing Fee is \$61.25
 Due by May 1, 2005

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

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 10)

Title NAME
 STREET ADDRESS
 CITY-STATE-ZIP

O
 STEINHART, CRAIG
 2501 NE 22 TERRACE
 FT LAUDERDALE, FL 33305

☐ Delete

Title NAME
 STREET ADDRESS
 CITY-STATE-ZIP

PD
 HUNNEWELL, SHARON
 204 E MARTIN LUTHER KING BLVD
 TAMPA, FL 33603

☐ Delete

Title NAME
 STREET ADDRESS
 CITY-STATE-ZIP

VO
 VAERETTI, BILL
 653 OLD ALBEE FARM RD
 NOKOMIS, FL 34275

☐ Delete

Title NAME
 STREET ADDRESS
 CITY-STATE-ZIP

S
 BOSTOCKY, JERRY
 555 MLK JR. BLVD.
 YOUNGSTOWN, OH 44522

☐ Delete

Title NAME
 STREET ADDRESS
 CITY-STATE-ZIP

T
 DICKSTEIN, ISAAC
 758 E DANIA BEACH BLVD
 DANIA BEACH FL 33004

☐ Delete

Title NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

☐ Delete

12. I hereby certify that the information supplied herein is true and correct and that I am not a disqualified person as defined in Chapter 119, Florida Statutes. I further certify that the information provided in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if signed by the person or persons in the office of the corporation or the individual or individuals empowered to execute this report as required by Chapter 119, Florida Statutes, and that the name appears in Book 11 of Block 111 of the Florida Department of State.

SIGNATURE: Sharon Hunnewell Sharon Hunnewell 3/14/05 843-234-2264