

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000123504

1. Entity Name
SKY KING FIREWORKS OF COCOA BEACH, INC.



Principal Place of Business

**103 CLEVELAND AVE.
COCOA BEACH, FL 32931**

Mailing Address

**7350 SOUTH U.S. HIGHWAY ONE
PORT ST. LUCIE, FL 34952**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1293450	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, RICKEY L ESQ.
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000626644
02/15/07-80027-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICCO, WILLIAM G 7350 S. U.S. HWY. ONE PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARABIA, RONALD 7350 S. U.S. HWY ONE PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASTRANGELO, ANTHONY 7705 CRIMSON TRAIL BOARDMAN, OH 44512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANOUDEHOF, JOSEPH III 7350 SOUTH U.S. HIGHWAY ONE PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Micco *William Micco* *2/2/07* *772 340 6735*