


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 04, 2008 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
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01262008 No Chg-P CR2E034 (11/05)

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
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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: _____ <small>Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)</small>	0000000215944 02/14/08-00029-016 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 VANOUDENHOVE, 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	

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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 my address, with all other like information.	
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____