2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/10/2004-90027-015-$150.00-$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 30 AM 8:00

MOORE CR2E034 (11/03) MR

DOCUMENT # P03000043330

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

Principal Place of Business	Mailing Address
825 W. INTERNATIONAL SPEEDWAY BOULEVA DAYTONA BEACH FL 32114	7350 SOUTH U.S. HIGHWAY ONE PORT ST. LUCIE FL 34952

2. Principal Place of Business	3. Mailing Address
529 W International Speedway Blvd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach Fl	City & State
Zip: 32114 / Country	Zip / Country

4. FEI Number 35 2230746 — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

	10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
1	TITLE: D ☐ Delete NAME: MICCO, WILLIAM STREET ADDRESS: 7350 SOUTH U.S. HIGHWAY ONE CITY-ST-ZIP: PORT ST. LUCIE FL 34952		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
2	TITLE: D ☐ Delete NAME: CARABBIA, RONALD STREET ADDRESS: 7350 SOUTH U.S. HIGHWAY ONE CITY-ST-ZIP: PORT ST. LUCIE FL 34952		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
3	TITLE: D ☐ Delete NAME: YOZWIAK, CHRISTOPHER W STREET ADDRESS: 726 SABRINA DRIVE CITY-ST-ZIP: BOARDMAN OH 44512		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
	TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
	TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
	TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] William Micco 2/4/04 772-340-0730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #