## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000043330

1. Entity Name

SKY KING FIREWORKS OF DAYTONA BEACH, INC.



FILED
Jan 31, 2005 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

529 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114 7350 SOUTH U.S. HIGHWAY ONE PORT ST. LUCIE. FL 34952



01102005

No Cha-P

CR2E034 (10/03)

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

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					<u> </u>		
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 reinstaling)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	I				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICCO, WILLIAM 7350 SOUTH U.S. HIGHWAY ONE PORT ST. LUCIE, FL 34952				entitudis pro esti		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARABBIA, RONALD 7350 SOUTH U.S. HIGHWAY ONE PORT ST. LUCIE, FL 34952						
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12. I hereby certify that the information supplied with this filling 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							

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

77. Date Day