## 2006 FOR PROFIT CORPORATION

## Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000043330 04-10-2006 90324 041 \*\*\*150.00 1. Entity Name SKY KING FIREWORKS OF DAYTONA BEACH, INC. Principal Place of Business Mailing Address 50010234 529 W INTERNATIONAL SPEEDWAY BLVD 7350 SOUTH U.S. HIGHWAY ONE DAYTONA BEACH, FL 32114 PORT ST. LUCIE, FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 35-2230746 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARRELL, RICKEY L ESQ Street Address (P.O. Box Number is Not Acceptable) 1595 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34952 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MICCO, WILLIAM NAME NAME STREET ADDRESS 7350 SOUTH U.S. HIGHWAY ONE STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition CARABBIA, RONALD NAME STREET ADDRESS 7350 SOUTH U.S. HIGHWAY ONE STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition YOZWIAK, CHRISTOPHER W HAME STREET ADDRESS 726 SABRINA DRIVE STREET ADORESS CITY-ST-ZIP BOARDMAN, OH 44512 CITY-ST-ZIP TITLE TITLE ☐ Delete [ ] Change ☐ Addition VANOUDENHOVE, JOSEPH III NAME NAME STREET ADDRESS 7350 SOUTH U.S. HIGHWAY ONE STREET ADDRESS PORT ST. LUCIE, FL 34952 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADORESS CITY-ST-7/P

TITLE

NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

Change

☐ Addition

**FILED**