

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000043330	
1. Entity Name SKY KING FIREWORKS OF DAYTONA BEACH, INC.	

Principal Place of Business 529 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114	Mailing Address 7350 SOUTH U.S. HIGHWAY ONE PORT ST. LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE



01262008 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2230746	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FARRELL, RICKEY L ESQ. 1595 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34952	DO NOT WRITE IN THIS SPACE
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$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 7350 SOUTH U.S. HIGHWAY ONE PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARABBIA, RONALD 7350 SOUTH U.S. HIGHWAY ONE PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOZWIAK, CHRISTOPHER W 726 SABRINA DRIVE 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 an address, with all other like empowered.

SIGNATURE:	<i>William Micco</i>	DATE: 1/30/08	DAYTIME PHONE # 772 340 0710
SIGNATURE AND TITLE FOR REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR			