

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000083010

1. Entity Name  
CRAZY DAVE'S FIREWORKS, INC.



Principal Place of Business  
6115 SE ESMER DR.  
LECANTO, FL 34461

Mailing Address  
PO BOX 1479  
HOMOSASSA SPRINGS, FL 34447

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90213 022 \*\*\*150.00



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
26-0087912

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LESLIE, DAVID  
7529 W TURKEYNECK CT  
HOMOSASSA, FL 34448

Leslie DAVID  
4668 N Shoreway  
Citrus Springs  
34434

**DO NOT WRITE  
IN THIS SPACE**

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: DAVID Leslie

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LESLIE, DAVID  
P O BOX 1479  
HOMOSASSA SPRINGS, FL 34447

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #