

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90008 024 ***150.00

DOCUMENT # P33881

1. Entity Name

RED ROCKET FIREWORKS COMPANY, INC.



Principal Place of Business

311 EVERGREEN
STRAFFORD, MO 65757

Mailing Address

P.O. BOX 72
STRAFFORD, MO 65757

24075280



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number

43-1082259

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | P |
| NAME | TOWE, RICK |
| STREET ADDRESS | PO BOX 72 |
| CITY-ST-ZIP | STRAFFORD, MO 65757 |
| TITLE | S |
| NAME | PYLES, BRUCE |
| STREET ADDRESS | PO BOX 72 |
| CITY-ST-ZIP | STRAFFORD, MO 65757 |
| TITLE | VP |
| NAME | TILLEY, DARRELL |
| STREET ADDRESS | PO BOX 72 |
| CITY-ST-ZIP | STRAFFORD, MO 65757 |
| TITLE | BM |
| NAME | DANIELS, LLOYD |
| STREET ADDRESS | PO BOX 72 |
| CITY-ST-ZIP | STRAFFORD, MO 65757 |
| TITLE | VP |
| NAME | SUMMEY, GORDON |
| STREET ADDRESS | P.O. BOX 72 |
| CITY-ST-ZIP | STRAFFORD, MO 65757 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

date

Daytime Phone #

2132