

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P33881**

1. Entity Name  
**RED ROCKET FIREWORKS COMPANY, INC.**



**FILED**  
**Sep 18, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**1166 PORTER ROAD  
ROCK HILL, SC 29730**

Mailing Address  
**1166 PORTER ROAD  
ROCK HILL, SC 29730**



08052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>43-1082259</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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	<b>PRES PYLES, BRUCE 1166 PORTER ROAD ROCK HILL, SC 29730</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECR TILLEY, DARRELL 41118 E SERVICE RD. PONCHATOULA, LA 70454</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP NELSON, PHILIP PO BOX 72 STRAFFORD, MO 65757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM MOORE, DAVID P.O. BOX 72 STRAFFORD, MO 65757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM BARTELMO, WILLIAM 1166 PORTER ROAD ROCK HILL, SC 29730</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000959842  
09/18/08-80001-018 550.00

**DO NOT WRITE  
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: *Bruce Pyles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8-20-08* Date  
*303-329-2577* Daytime Phone #