

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000013430

1. Entity Name
BIG TOP KOOLERS, INC.



FILED
Apr 26, 2004 08:00 AM
Secretary of State

Principal Place of Business
3477 SOUTH U.S. 1
FORT PIERCE, FL 34982

Mailing Address
3477 SOUTH U.S. 1
FORT PIERCE, FL 34982



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1074306 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BRIENZA, NICHOLAS C
3477 SOUTH U.S. 1
FORT PIERCE, FL 34982

**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	PDST
NAME	BRIENZA, PATRICIA
STREET ADDRESS	10 RIO VERDE WAY
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	V
NAME	BRIENZA, NICHOLAS C
STREET ADDRESS	10 RIO VERDE WAY
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/04-80026-013 150.00

**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)(f), 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: *Nicholas C. Brienza* Nicholas C. Brienza V.P.

4/22/04

772
285-8660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if