


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90094 049 ***158.75

DOCUMENT # P01000013430			
1. Entity Name BIG TOP KOOLERS, INC.			
Principal Place of Business 8 ARAGON LANE PORT ST. LUCIE FL 34952		Mailing Address 8 ARAGON LANE PORT ST. LUCIE FL 34952	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20020752



1st MOORE CR2E034 (10/04)

4. FEI Number 65-1074306				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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			7. Name and Address of New Registered Agent		
			Name NICHOLAS C. BRIENZA		
			Street Address (P.O. Box Number is Not Acceptable) 8 ARAGON LANE		
			City PORT ST. LUCIE		FL Zip Code 34952

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 *Nicholas C. Brienza* **NICHOLAS C. BRIENZA V.P.** **3/03/05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST BRIENZA, PATRICIA 10 RIO VERDE WAY PORT ST. LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIENZA, NICHOLAS C 10 RIO VERDE WAY PORT ST. LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nicholas C. Brienza* **NICHOLAS C BRIENZA** **3/3/05** **772-285-8660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #