


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # 631870</b> 1. Entity Name <b>BIG TOP TRAMPOLINE, INC.</b>					
Principal Place of Business <b>3255 N US 19 PERRY FL 32347</b>			Mailing Address <b>3255 N US 19 PERRY FL 32347</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>59-1940568</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>MERSCHMAN, FRANK J. 3255 N US 19 PERRY FL 32347</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00</b> May Be Added to Fees					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MERSCHMAN, FRANK J 3255 N US 19 PERRY FL 32347	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	11000000014097 01/27/04-80009-022 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MERSCHMAN, JOAN A 3255 N US 19 PERRY FL 32347	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Juan Menschman</i> <b>Juan Menschman</b> 1/24/04      850-584-778					