## 2005 FOR PROFIT CORPORATION

## Jan 13, 2005 08:00 AM

ANNUAL REPURI				Jan 13, 2003 00.00 A	
DOCU	JMENT # H12254			Sec	retary of State
	CAN CIRCUS CORPORATION				
MERCURIO 713 S ORA	& BRIDGEFORD NGE AVE , FL 34236	Mailing Address MERCURIO & BRIDGEFORD 713 S ORANGE AVE SARASOTA, FL 34236			
			View Time		
ľ	DO NOT WRITE	IN THIS SPA	CF <sup>22</sup>	01062005 No Chg-P	CR2E034 (10/03)
	JO NOT WHILE	int tillo of A	<b></b>	4. FEI Number 59-2439105	Applied For Not Applicable
			the state of the s	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	istered Agent		<del></del>	
Mercuri O , John J 713 S ORANGE BLVD				DO NOT W	RITE
SARASO	TA, FL 34236	·- !		IN THIS SP	ACE
8. The above	e named entity submits this statement for the	e purpose of changing its registere	d office or registere	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
the obliga	ations of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent and it	ille it applicable. (NOTE: Registered	Agent signature required	when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		00 May Be ad to Fees	
10.	OFFICERS AND DIR	ECTORS			
TITLE NAME	PD PUGH, JOHN		, ,		· — ng kưở phố
STREET ADDRESS	•			Uoogoo!	79583
CITY-ST-ZIP TITLE	SARASOTA, FL			01/13/0\$-{	80022-025 150.00
NAME	MERCURIO, JOHN J.	- 	<u></u>		
STREET ADDRESS CITY-ST-ZIP	713 SO ORANGE AVE SARASOTA, FL	:	-	• • • <u>• • • • • • • • • • • • • • • • </u>	<u> </u>
TITLE		- <del> </del>			
NAME STREET ADDRESS					
CITY-ST-ZIP			<u></u>	DO NOT W	RITE
TITLE				IN THIS SP	ACE
STREET ADDRESS					· · —
CITY-ST-ZIP			<del>-</del> · · ·	<del></del> - <del></del> : .	
TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP		· <del></del>			<u> </u>
TITLE	i				

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayume Prone 8

STREET ADDRESS CITY-ST-ZIP

941-953-4585 Daytime Phone #