

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 03, 2008 8:00 am
Secretary of State**

01-16-2008 90022 014 ***150.00

DOCUMENT # H12254 1. Entity Name AMERICAN CIRCUS CORPORATION	
--	---

Principal Place of Business MERCURIO & BRIDGEFORD 713 S ORANGE AVE SARASOTA, FL 34236	Mailing Address MERCURIO & BRIDGEFORD 713 S ORANGE AVE SARASOTA, FL 34236
---	---

66002074



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2439105	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Mercurio MERCURIO, JOHN J 713 S ORANGE BLVD SARASOTA, FL 34236
--

**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 reappointing) DATE _____

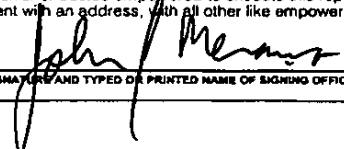
**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	PD PUGH, JOHN 713 SO ORANGE AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MERCURIO, JOHN J. 713 SO ORANGE AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08

441-453-4545
Daytime Phone #