

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L10318	
1. Entity Name CIRCUS EQUIPMENT CORPORATION	

Principal Place of Business P.O. BOX 49196 SARASOTA FL 34230 US	Mailing Address P.O. BOX 49196 SARASOTA FL 34230 US
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0140552		☐ Applied For
		☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CZEISLER, LUDWIG 4779 TIVOLI PLACE SARASOTA FL 34235-3649		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

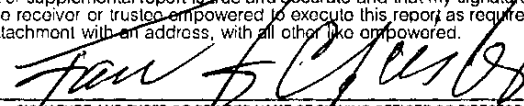
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP ☐ Delete	NAME CZEISLER, LUDWIG STREET ADDRESS 4779 TIVOLI PLACE CITY- ST- ZIP SARASOTA FL 34235-3649	TITLE ☐ Change ☐ Addition	NAME U00000646016 STREET ADDRESS 03/06/07-80012-017 158.75 CITY- ST- ZIP
TITLE V ☐ Delete	NAME CZEISLER, FRANZ STREET ADDRESS 4779 TIVOLI PLACE CITY- ST- ZIP SARASOTA FL 34235-3649	TITLE ☐ Change ☐ Addition	NAME STREET ADDRESS CITY- ST- ZIP
TITLE ☐ Delete	NAME STREET ADDRESS CITY- ST- ZIP	TITLE ☐ Change ☐ Addition	NAME STREET ADDRESS CITY- ST- ZIP
TITLE ☐ Delete	NAME STREET ADDRESS CITY- ST- ZIP	TITLE ☐ Change ☐ Addition	NAME STREET ADDRESS CITY- ST- ZIP
TITLE ☐ Delete	NAME STREET ADDRESS CITY- ST- ZIP	TITLE ☐ Change ☐ Addition	NAME STREET ADDRESS CITY- ST- ZIP
TITLE ☐ Delete	NAME STREET ADDRESS CITY- ST- ZIP	TITLE ☐ Change ☐ Addition	NAME STREET ADDRESS CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **VICE PRESIDENT** (941) 360-1600
FRANZ CZEISLER 2-5-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**