

PROFIT CORPORATION
ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90022 032 ****61.25

DOCUMENT # N17762

1. Entity Name

**ALLIE SCHMIDT-BILL SPRANZA TENT OF CIRCUS
SAINTS & SINNERS CLUB OF AMERICA, INC.**



Principal Place of Business

**4809 SW 13TH AVE
P O BOX 366
CAPE CORAL FL 33914
US**

Mailing Address

**P O BOX 366
P.O. BOX 366
CAPE CORAL FL 33910
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2620198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEGROVES, JAY W
4647 SE 17TH PL APT 102
CAPE CORAL FL 33904**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LABARBENA, JOHN ☐ Delete
STREET ADDRESS 1733 SE 44TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MARKS, ROBERT E ☒ Delete
STREET ADDRESS 7715 CAMERON CIR
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☒ Change ☐ Addition
NAME **PETER GAITCH**
STREET ADDRESS **19801 FRENCHMANS COURT**
CITY-ST-ZIP **N. FORT MYERS, FL 33903**

TITLE TD
NAME SEGROVES, JAY W ☐ Delete
STREET ADDRESS 4647 SW 17TH PL APT 102
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
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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 617, 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: *Jay W Segroves* JAY W. SEGROVES TREAS. 2/19/06 239 540 0595