

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N38907

1. Entity Name  
BIGSUN ARTSFEST, INC.



Principal Place of Business

808 SE FORT KING ST  
OCALA, FL 34471 US

Mailing Address

808 SE FORT KING ST  
OCALA, FL 34471 US

**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3023087

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MORRIS, BEVERLY A  
808 SE FORT KING ST  
OCALA, FL 34471

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
DP  
ZUKOSKI, JOSEPH J JR.  
2031 SE 14TH LN  
OCALA, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVST  
MORRIS, BEVERLY A  
808 SE FT KING ST  
OCALA, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MCCALL, BETH  
7075 SE 12TH CIRCLE  
OCALA, FL 34480

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**

000010240219  
02/23/05-80022-006 61.25

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-05

Date

352-732-2860

Daytime Phone #