

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000013430

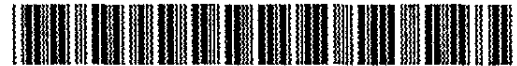
1. Entity Name
BIG TOP KOOLERS, INC.



Principal Place of Business
**3477 SOUTH U.S. 1
FORT PIERCE, FL 34982**

Mailing Address
**3477 SOUTH U.S. 1
FORT PIERCE, FL 34982**

FILED
Apr 26, 2004 08:00 AM
Secretary of State



04232004 No Chg-P CR2E034 (10/03)

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4. FEI Number **65-1074306** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRIENZA, NICHOLAS C
3477 SOUTH U.S. 1
FORT PIERCE, FL 34982**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PDST BRIENZA, PATRICIA 10 RIO VERDE WAY PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIENZA, NICHOLAS C 10 RIO VERDE WAY PORT ST. LUCIE, FL 34952
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IN THIS SPACE**

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 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: Nicholas C. Brienza **Nicholas C. Brienza V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

**772
285-8660**

Daytime Phone if