

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2004 8:00 am
Secretary of State

05-05-2004 90204 034 ***150.00

DOCUMENT # **P03000106244**



1. Entity Name

CIRCUSMALL.COM, INC

Principal Place of Business Mailing Address "Same"
6151 HELICONIA RD
DELRAY BCH, FL 33484

66431688



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **57-118944** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STUART JANOWITZ
6151 HELICONIA RD
DELRAY BCH, FL 33484

7. Name and Address of New Registered Agent
 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 \$450.00
 After May 1, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

PRESIDENT

4/30/04

Attachment

6643/688

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August 6, 2004

Florida Department of State

To whom it may concern:

I am enclosing a copy of my annual report and a copy of my cancelled check. You sent me a notice of dissolution. Please correct your records and reinstate me. I paid on time and want to keep my corporation active.

Thank you.

Stuart Janowitz

Aug 01 04 04:37p

St

61-865-8276

Attached

66431688

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STUART JANOWITZ
ELLEN JANOWITZ
6151 Heliconia Rd
Delray Beach, FL 33484

ANNUAL
Report

243711661867

4/30/04

63-643/670
BRANCH 08038

Pay to the
Order of

Division of Cooperatives

\$150.00

one Hundred and fifty ⁰⁰/₁₀₀

Dollars



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Wachovia Bank, N.A.
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