

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074497

Entity Name: BIG TOP OF TAMPA, INC.

FILED
Jan 12, 2005
Secretary of State

Current Principal Place of Business:

1275 BEVILLE RD.
DAYTONA BEACH, FL 32119

New Principal Place of Business:

9250 FOWLER AVENUE
THONOTOSASSA, FL 33592

Current Mailing Address:

1275 BEVILLE RD.
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 59-3272831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHADDIX, STEVEN L
1275 BEVILLE RD
DAYTONA BCH, FL 32119 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHADDIX, STEVEN L
Address: 2410 SE 29TH ST
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: GORDON, SHARON L
Address: 7611 TIMBERLY CT
City-St-Zip: MCLEAN, VA

Title: DV () Delete
Name: SHADDIX, WILLIAM S
Address: 2130 OLD DAYTONA ROAD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: SHADDIX, WILLIAM O II
Address: 1 DEERMOSS TRAIL
City-St-Zip: ORMOND BEACH, FL

Title: DST () Delete
Name: FOX, SHARLENE S
Address: 855 PINE FOREST TRAIL
City-St-Zip: PORT ORANGE, FL 32119

Title: D () Delete
Name: SHADDIX, MADELINE E
Address: 6 HOMAN TERRACE
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARLENE S FOX

DST

01/12/2005

Electronic Signature of Signing Officer or Director

Date