

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90026 008 ***150.00

DOCUMENT # P94000074497

1. Entity Name
BIG TOP OF TAMPA, INC.



Principal Place of Business
**9250 FOWLER AVENUE
THONOTOSASSA, FL 33592**

Mailing Address
**1275 BEVILLE RD.
DAYTONA BEACH, FL 32119**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3272831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHADDIX, STEVEN L 2410 SE 29TH ST OCALA, FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GORDON, SHARON L 7611 TIMBERLY CT MCLEAN, VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SHADDIX, WILLIAM S 2130 OLD DAYTONA ROAD DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHADDIX, WILLIAM O II 1 DEERMOSSE TRAIL ORMOND BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST FOX, SHARLENE S 855 PINE FOREST TRAIL PORT ORANGE, FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHADDIX, MADELINE E 6 HOMAN TERRACE DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHADDIX, STEVEN L 12888 S. E. HWY 441 BELLEVIEW, FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SHADDIX, WM. STANLEY 2130 OLD DAYTONA ROAD PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST FOX, SHARLENE S 686 FERNCLIFF DRIVE PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FOX, HOWARD A 686 FERNCLIFF DRIVE PORT ORANGE, FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard A. Fox, VP 4/10/07 386-767-8521