2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000065818

1. Entity Name
GREAT AMERICAN FLYING CIRCUS, INC.

Principal Place of Business
608 MARINER WAY
ALTAMONTE SPRINGS, FL 32701

Mailing Address
608 MARINER WAY
ALTAMONTE SPRINGS, FL 32701

03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3525157
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KITTINGER, JOSEPH W
608 MARINER WAY
ALTAMONTE SPRINGS, FL 32701

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SNOW, ROBERT R
STREET ADDRESS	239 EAST COPELAND
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	KITTINGER, JOSEPH W
STREET ADDRESS	608 MARINER WAY
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	D
NAME	SNOW, LINDA
STREET ADDRESS	239 EAST COPELAND
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	KITTINGER, SHERRY K
STREET ADDRESS	608 MARINER WAY
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/05-80065-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Joseph W. Kittinger 3-2-05 407-331-5635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #