


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 429934	
1. Entity Name ROCHESTER RESORTS, INC.	

Principal Place of Business 15951 CAPTIVA ROAD CAPTIVA ISLAND, FL 33924 US	Mailing Address PO BOX 249 15951 CAPTIVA ROAD CAPTIVA ISLAND, FL 33924 US
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1475093	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EBELINI, MARK A ESQ 1625 HENDRY STREET SUITE 301 FORT MYERS, FL 33901

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U000000819099
02/15/08-80070-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPI, ANTONINO R 4341 WEST GULF DRIVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALVERT, ROBERT 10907 CLERMONT AVE. GARRETT PARK, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BABCOCK, LILLIAN 30 TROWBRIDGE TRAIL PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMASSIMO, CARMINO 246 WEST HICKORY STREET EAST ROCHESTER, NY 14445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, CALVERT 6615 OLD DARBY TRAIL ADA, MI 49301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD, BRYAN 7532 DAWN COURT LITTLETON, CO 80125

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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: 	Antonino R. Lapi	2/1/08	239 472 5161
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>