

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429934

FILED
Feb 25, 2009
Secretary of State

Entity Name: ROCHESTER RESORTS, INC.

Current Principal Place of Business:

15951 CAPTIVA ROAD
CAPTIVA ISLAND, FL 33924 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 249
15951 CAPTIVA ROAD
CAPTIVA ISLAND, FL 33924 US

New Mailing Address:

FEI Number: 59-1475093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EBELINI, MARK A ESQ
1625 HENDRY STREET
SUITE 301
FORT MYERS, FL 33901 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: PD () Delete
Name: LAPI, ANTONINO R
Address: 4341 WEST GULF DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: VPD () Delete
Name: CALVERT, ROBERT
Address: 10907 CLERMONT AVE.
City-St-Zip: GARRETT PARK, MD

Title: TD () Delete
Name: BABCOCK, LILLIAN
Address: 30 TROWBRIDGE TRAIL
City-St-Zip: PITTSFORD, NY 14534

Title: D () Delete
Name: DIMASSIMO, CARMINO
Address: 246 WEST HICKORY STREET
City-St-Zip: EAST ROCHESTER, NY 14445

Title: D () Delete
Name: GEORGE, CALVERT
Address: 6615 OLD DARBY TRAIL
City-St-Zip: ADA, MI 49301

Title: D () Delete
Name: RICHARD, BRYAN
Address: 7532 DAWN COURT
City-St-Zip: LITTLETON, CO 80125

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:

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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 exemption stated 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 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: MARK A. EBELINI

RA

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date