

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # J64329
1. Entity Name
G. CIPOLLA INVESTMENT CORP.



Principal Place of Business
**300 SAINT LAURENT STREET
SUITE 128
LONGWOOD, FL 32750 US**

Mailing Address
**300 SAINT LAURENT STREET
SUITE 128
LONGWOOD, FL 32750 US**



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2795894	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COOLEY, R. EDWARD
1450 SR 434 WEST, SUITE 200
LONGWOOD, FL 32750**

**DO NOT WRITE
IN THIS SPACE**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CIPOLLA, GIROLAMO 753 PICKFAIR TERRACE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CIPOLLA, FRANK 1642 STARGAZER TERR. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ACOSTA, ANTHONY 3045 VERNARD ST. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/27/07-80035-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

Date

407-767-5594

Daytime Phone #