


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90190 019 \*\*\*150.00

<b>DOCUMENT # L68768</b> 1. Entity Name SITAC.APITANUCCI, INC.					
Principal Place of Business SITAC APITANUCCI 8310 SUN DRIVE ORLANDO, FL 32809 US			Mailing Address SITAC APITANUCCI PO BOX 590504 ORLANDO, FL 32859-0504 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3012394</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAPITANUCCI, FRANCESCO				Name	
8310 SUN DRIVE				Street Address (P.O. Box Number is Not Acceptable)	
ORLANDO, FL 32809				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 _____ (NOTE: Registered Agent signature required when restate) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPITANUCCI, FRANCESCO		NAME		
STREET ADDRESS	8310 SUN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPITANUCCI, CHRISTOFER J		NAME	CAPITANUCCI, CHRISTOPHER JOSHUA	
STREET ADDRESS	3310 SUN DR.		STREET ADDRESS	8310 SUN DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPITANUCCI, CHRISTOPHER L		NAME		
STREET ADDRESS	8310 SUNN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Christopher J. Capitanucci</i>			CHRISTOPHER J. CAPITANUCCI 4-28-08 407-435-0774		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		