
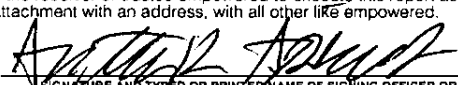


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90371 029 \*\*\*150.00

<b>DOCUMENT # P07000023020</b> 1. Entity Name <b>APICELLO BROTHERS, INC.</b>					
Principal Place of Business <b>5462 S. ALICE PT HOMOSASSA, FL 34446</b>			Mailing Address <b>5462 S. ALICE PT HOMOSASSA, FL 34446</b>		
2. Principal Place of Business - No P.O. Box # <b>7632 W. Mesa Lane</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Homosassa FL</b>		City & State			
Zip <b>34448</b>		Country		4. FEI Number <b>20-8486868</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>APICELLO, ANTHONY R 5462 S. ALICE PT HOMOSASSA, FL 34446</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>APICELLO, ANTHONY R</b> <b>5462 S. ALICE PT</b> <b>HOMOSASSA, FL 34446</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7632 W. Mesa Lane</b> <b>Homosassa, FL 34448</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>APICELLO, MICHAEL P</b> <b>5462 S. ALICE PT</b> <b>HOMOSASSA, FL 34446</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2057 N. Cedarhouse Terrace</b> <b>Crystal River FL 34429</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>APICELLO, JASON L</b> <b>5462 S. ALICE PT</b> <b>HOMOSASSA, FL 34446</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>04/13/08</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					