## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000023020

Address:

City-St-Zip:

5462 S. ALICE PT

HOMOSASSA, FL 34446 US

FILED Apr 14, 2009 Secretary of State

Entity Nam	ie: APICEL	LO BROTHERS, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
7632 W. ME HOMOSAS		48			
Current Mailing Address:			New Mailing Address	s:	
5462 S. ALI HOMOSAS		46			
FEI Number:	20-8486868	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
APICELLO, ANTHONY R 5462 S. ALICE PT HOMOSASSA, FL 34446 US			813 DELTONA BLVÓ, BOX 1407930	ALL FLORIDA FIRM, INC. 813 DELTONA BLVD, STE A BOX 1407930 DELTONA, FL 32725 US	
The above in the State		y submits this statement for the pur	pose of changing its registere	d office or registered agent, or both,	
SIGNATURE: DEVIN NEWMAN FOR ALL FLORIDA FIRM			М	04/14/2009	
Electronic Signature of Registered Agent				Date	
Election Cam	paign Financi	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	APICELLO, A 7632 W. MES		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	APICELLO, N 2057 N. CED	( ) Delete MICHAEL P ARHOUSE TER VER, FL 34429 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VP ( APICELLO, J	()Delete ASON L	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DEVIN NEWMAN FOR ANTHONY R APICELLO P 04/14/2009