


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90006 035 \*\*\*163.75

<b>DOCUMENT # P07000064758</b> 1. Entity Name <b>FOUR CORNERS PROMOTIONS CO., INC.</b>					
Principal Place of Business <b>79 LINDEN STREET LINDENHURST, NY 11757</b>			Mailing Address <b>79 LINDEN STREET LINDENHURST, NY 11757</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072008    Chg-P    CR2E034 (12/08)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCIASCIA, JOSEPH 6517 NAUTICAL ISLE HUDSON, FL 34667</b>			7. Name and Address of New Registered Agent * Name <b>John CASSELLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6517 NAUTICAL ISLE</b> City <b>Hudson</b> <b>FL</b> Zip Code <b>34667</b>		
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 <i>John Cassella</i> <b>John Cassella</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>1/25/08</b>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input checked="" 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 NAME STREET ADDRESS CITY - ST - ZIP	DP SCIASCIA, JOSEPH 79 LINDEN STREET LINDENHURST, NY 11757	<input type="checkbox"/> Delete		TITLE <b>M</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>John Cassella</b> <b>6517 NAUTICAL ISLE</b> <b>Hudson, FL. 34667</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
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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>Joseph Sciascia</i> <b>Joseph Sciascia</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/24/08</b> Daytime Phone # <b>291-2256</b> Cell <b>(631)</b>		