

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000019127

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** FUCCILLO AFFILIATES OF FLORIDA, INC.

**Current Principal Place of Business:**

404 N. E. PINE ISLAND ROAD  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 69  
ADAMS, NY 13605 US

**New Mailing Address:**

**FEI Number:** 27-2039649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARGANO, ANTHONY J  
2240 WEST FIRST STREET  
SUITE 105  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FUCCILLO, WILLIAM B  
Address: 10524 U.S. RT. 11  
City-St-Zip: ADAMS, NY 13605

Title: S  
Name: FUCCILLO, WILLIAM B  
Address: 10524 U.S. RT. 11  
City-St-Zip: ADAMS, NY 13605

Title: T  
Name: FUCCILLO, WILLIAM B  
Address: 10524 U.S. RT. 11  
City-St-Zip: ADAMS, NY 13605

Title: D  
Name: FUCCILLO, WILLIAM B  
Address: 10524 U.S. RT. 11  
City-St-Zip: ADAMS, NY 13605

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM B. FUCCILLO

PRES

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date