

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033856

Entity Name: 81 AND 3 OF FLORIDA INC.

FILED
May 20, 2008
Secretary of State

Current Principal Place of Business:

6495 TRANSIT RD.
BOWMANVILLE, NY 14026

New Principal Place of Business:

Current Mailing Address:

6495 TRANSIT RD.
BOWMANVILLE, NY 14026

New Mailing Address:

6495 TRANSIT RD.
BOWMANVILLE, NY 14026

FEI Number: 65-0675513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMER, DONALD
4400 PGA BLVD. SUITE 800
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RIPPER, MARY M
Address: 6390 FOX RUN CIRCLE
City-St-Zip: JUPITER, FL

Title: V () Delete
Name: CIPOLLA, PASQUALE D
Address: 6390 FOX RUN CIRCLE
City-St-Zip: JUPITER, FL

Title: P () Delete
Name: CIPOLLA, JOSEPH A
Address: 6495 TRANSIT RD.
City-St-Zip: BOWMANVILLE, NY 14026

Title: AV () Delete
Name: CIPOLLA, JOHN E
Address: 6495 TRANSIT RD.
City-St-Zip: BOWMANVILLE, NY 14026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PASQUALE CIPOLLA

VP

05/20/2008

Electronic Signature of Signing Officer or Director

Date