


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000015539</b>	
1. Entity Name <b>BOCELLI, INC.</b>	

Principal Place of Business <b>836 ORANGE AVE. WINTER PARK, FL 32789</b>	Mailing Address <b>836 ORANGE AVE. WINTER PARK, FL 32789</b>
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04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3497789</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HEATH, ROBERT E 836 ORANGE AVE. WINTER PARK, FL 32789</b>
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**DO NOT WRITE IN THIS SPACE**

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: <u>Robert M Livermore</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Robert M Livermore Jr. President</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE: <u>April 17, 2008</u>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEATH, ROBERT E 2403 HOWARD DR. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVERMORE, ROBERT M 1336 PALM AVE. WINTER PARK, FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/08/08-80042-002 150.00

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: <u>Robert M Livermore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>April 17, 2008</u> <small>Date</small>
	DAYTIME PHONE: <u>407-644-9949</u> <small>Daytime Phone #</small>