


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90014 008 \*\*\*\*\*8.75  
 05-03-2004 91056 035 \*\*\*141.25

**DOCUMENT # P99000109371**  
 1. Entity Name  
 U.S. 27 SEBRING, FLORIDA, INC.



Principal Place of Business: 6096 NW 24TH STREET, BOCA RATON FL 33434  
 Mailing Address: 6495 TRANSIT ROAD, BOWMANVILLE NY 14026

**94082400**

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0969550**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SUMNER, DONALD L.**  
 6096 NW 24TH STREET  
 BOCA RATON FL 33434

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CIPOLLA, JOSEPH	
STREET ADDRESS	6495 TRANSIT RD	
CITY-ST-ZIP	BOWMANVILLE NY 14026	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIPOLLA, PASQUALE	
STREET ADDRESS	6495 TRANSIT RD	
CITY-ST-ZIP	BOWMANVILLE NY 14026	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIPOLLA, PENNY	
STREET ADDRESS	6495 TRANSIT RD	
CITY-ST-ZIP	BOWMANVILLE NY 14026	
TITLE	T	<input type="checkbox"/> Delete
NAME	CIPOLLA, JOHN	
STREET ADDRESS	6495 TRANSIT RD	
CITY-ST-ZIP	BOWMANVILLE NY 14026	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RIPPER, MARY	
STREET ADDRESS	6495 TRANSIT RD	
CITY-ST-ZIP	BOWMANVILLE NY 14026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph A. Cippolla Date: 2/6/04 Daytime Phone #: (716) 684-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR