


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



07022007 No Chg-P CR2E034 (11/05)

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  
 SUMMER, DONALD L.  
 6096 NW 24TH STREET  
 BOCA RATON, FL 33434

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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

UD00000773772  
 09/11/07-80006-007 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CIPOLLA, JOSEPH
STREET ADDRESS	6495 TRANSIT RD
CITY-ST-ZIP	BOWMANVILLE, NY 14026
TITLE	D
NAME	CIPOLLA, PASQUALE
STREET ADDRESS	6495 TRANSIT RD
CITY-ST-ZIP	BOWMANVILLE, NY 14026
TITLE	D
NAME	CIPOLLA, PENNY
STREET ADDRESS	6495 TRANSIT RD
CITY-ST-ZIP	BOWMANVILLE, NY 14026
TITLE	T
NAME	CIPOLLA, JOHN
STREET ADDRESS	6495 TRANSIT RD
CITY-ST-ZIP	BOWMANVILLE, NY 14026
TITLE	AS
NAME	RIPPER, MARY
STREET ADDRESS	6495 TRANSIT RD
CITY-ST-ZIP	BOWMANVILLE, NY 14026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Joseph Cipolla 7/9/07 7166849050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #