


**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90005 027 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P99000109371</b> 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
--	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Zip	City & State Zip	Country	Country
---------------------	---------------------	---------	---------



05202008 Chg-P CR2E034 (12/06)

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

<b>6. Name and Address of Current Registered Agent</b> SUMMER, DONALD L. 6096 NW 24TH STREET BOCA RATON, FL 33434
--

<b>7. Name and Address of New Registered Agent</b> 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
--

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *P.F. Ciccarella*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**P.F. CICCARELLA**

Date: *5/30/08*  
 Daytime Phone #: *716-684-9000*