

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109371

FILED
Jul 06, 2009
Secretary of State

Entity Name: U.S. 27 SEBRING, FLORIDA, INC.

Current Principal Place of Business:

6096 NW 24TH STREET
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

6495 TRANSIT ROAD
BOWMANVILLE, NY 14026

New Mailing Address:

FEI Number: 65-0969550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: CIPOLLA, PASQUALE
Address: 6495 TRANSIT RD
City-St-Zip: BOWMANVILLE, NY 14026

Title: D () Delete
Name: CIPOLLA, PENNY
Address: 6495 TRANSIT RD
City-St-Zip: BOWMANVILLE, NY 14026

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

Title: AS () Delete
Name: RIPPER, MARY
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:

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 D. CIPOLLA

VP

07/06/2009

Electronic Signature of Signing Officer or Director

_____ Date