

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000095580

**FILED**  
**Oct 17, 2006**  
**Secretary of State**

**Entity Name:** COAST TO COAST CHOPPERS, INC.

## Current Principal Place of Business:

522 SOUTH ECON CIRCLE  
SUITE 140  
OVIEDO, FL 32765 US

## Current Mailing Address:

522 SOUTH ECON CIRCLE  
SUITE 140  
OVIEDO, FL 32765 US

## New Principal Place of Business:

1476 N.GOLDENROD ROAD  
SUITE 310  
ORLANDO, FL 32807 US

## New Mailing Address:

1476 N. GOLDENROD ROAD  
SUITE 310  
ORLANDO, FL 32807 US

**FEI Number:** 20-1278160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

ROGERS, JEREMY  
522 S. ECON CIRCLE  
140  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

NEELY, WILLIAM F PRES.  
1476 N. GOLDENROD ROAD  
SUITE 310  
ORLANDO, FL 32807 US

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: WILLIAM F. NEELY

10/17/2006

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: T ( ) Delete  
Name: SACRA, RONALD S  
Address: 14140 HICKORY HILL TRAIL  
City-St-Zip: LOUISVILLE, KY 40299 US

Title: P (X) Delete  
Name: ROGERS, JEREMY T  
Address: 166 N. BELLAIRE AVENUE  
City-St-Zip: LOUISVILLE, KY 40206 US

Title: S (X) Delete  
Name: NEELY, WILLIAM  
Address: 507 FAIRWAY CIRCLE  
City-St-Zip: SPRINGDALE, AR 72764 US

Title: VP (X) Delete  
Name: DONAHUE, TROY  
Address: 1070 MCKINNON AVENUE  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: WILLIAM, NEELY F PRES  
Address: 507 FAIRWAY CIRCLE  
City-St-Zip: SPRINGDALE, AR 72764 US

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 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: WILLIAM F. NEELY

PRES

10/17/2006

Electronic Signature of Signing Officer or Director

Date