


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90024 039 ***150.00

DOCUMENT # P04000162672

1. Entity Name
 CHOPS UNLIMITED, INC.




Principal Place of Business Mailing Address
 500 SOUTH PALM AVENUE 500 SOUTH PALM AVENUE
 INDIALANTIC, FL 32903 US INDIALANTIC, FL 32903 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02052007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-2108977 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LEVASSEUR, ANDRE
 500 SOUTH PALM AVENUE
 INDIALANTIC, FL 32903

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 re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11' | |
|----------------------------|-----------------------------------|--|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVASSEUR, ANDRE | NAME | |
| STREET ADDRESS | 500 SOUTH PALM AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | INDIALANTIC, FL 32903 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:  DATE: 2/5/07 DAYTIME PHONE #: 321-288-3128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR