

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007133

FILED
Apr 26, 2007
Secretary of State

Entity Name: COPPERHEAD SALOON, INC.

Current Principal Place of Business:

523 GLEN CHEEK DR.
PORT CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

2628 NEWFOUND HARBOR DR.
MERRITT ISLAND, FL 32952 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAMCZUR, NINETTE
2628 NEWFOUND HARBOR DR.
MERRITT ISLAND, FL 32952 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: MAMCZUR, THOMAS J
Address: 2628 NEWFOUND HARBOR DR.
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D,VP () Delete
Name: MAMCZUR, NINETTE
Address: 2628 NEWFOUND HARBOR DR.
City-St-Zip: MERRITT ISLAND, FL 32952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS J. MAMCZUR

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date