

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028996

**FILED**  
**Feb 12, 2011**  
**Secretary of State**

**Entity Name:** CUSTOM CHOPPERWERKS INC.

**Current Principal Place of Business:**

3061 CARDIFF ST.  
PUNTA GORDA, FL 33951 US

**New Principal Place of Business:**

**Current Mailing Address:**

4733 E. TRAILS DR.  
SARASOTA, FL 34232 US

**New Mailing Address:**

19408 LASERENA DR.  
FT. MYERS, FL 33967 US

**FEI Number:** 06-1765170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALENTINE, THOMAS C  
4733 E. TRAILS DR.  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

ROWE, ROBERT  
19408 LASERENA DR.  
FT. MYERS, FL 33967 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: ROBERT ROWE

02/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROWE, ROBERT K  
Address: 19408 LASERENA DR.  
City-St-Zip: FT. MYERS, FL 33967

Title: VP/S  
Name: ROWE, ROBERT K  
Address: 19408 LASERENA DR.  
City-St-Zip: FT. MYERS, FL 33967

I hereby 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 all other like empowered.

SIGNATURE: ROBERT ROWE, PRES.

PVP

02/12/2011

Electronic Signature of Signing Officer or Director

Date