

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088731

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** FLAGLER COUNTY CHOPPERS, INC.

**Current Principal Place of Business:**

P. O. BOX 10837  
DAYTONA BCH, FL 32120

**New Principal Place of Business:**

500-A BILL FRANCE BLVD.  
DAYTONA BCH, FL 32120

**Current Mailing Address:**

P. O. BOX 10837  
DAYTONA BCH, FL 32120

**New Mailing Address:**

**FEI Number:** 20-2829567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROGELL, JOHN F  
500-A BILL FRANCE BLVD.  
DAYTONA BCH, FL 32120 US

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

ROGELL, JOHN  
500-A BILL FRANCE BLVD.  
DAYTONA BCH, FL 32120 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: JOHN ROGELL

04/27/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROGELL, JOHN  
Address: P. O. BOX 10837  
City-St-Zip: DAYTONA BCH, FL 32120

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: JOHN ROGELL

D

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date