

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110163

Entity Name: SCOJO'S CUSTOM CHOPPERS, INC.

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

13928 MURIEL AVE.  
SUITE 247  
HUDSON, FL 34667 US

## New Principal Place of Business:

## Current Mailing Address:

254 2ND AVE. NORTH  
SUITE 247  
SAFETY HARBOR, FL 34695 US

## New Mailing Address:

FEI Number: 20-3275807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CALLAGHAN-BIXLER, KATHLEEN R  
254 2ND AVE. NORTH  
SAFETY HARBOR, FL 34695 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: P ( ) Delete  
Name: BIXLER, SCOTT A  
Address: 254 2ND AVE. NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VP ( ) Delete  
Name: JONES, WILLIAM  
Address: 13928 MURIEL AVE.  
City-St-Zip: HUDSON, FL 34667 US

Title: TRES ( ) Delete  
Name: CALLAGHAN-BIXLER, KATHLEEN R  
Address: 254 2ND AVE. NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: SEC ( ) Delete  
Name: JONES, MELODY  
Address: 13928 MURIEL AVE.  
City-St-Zip: HUDSON, FL 34667 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATHLEEN R. CALLAGHAN-BIXLER

TRES

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date