


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90007 047 ***150.00

DOCUMENT # P06000121516 1. Entity Name CHOPPERS OF KEY WEST, INC.					
Principal Place of Business 5536 INDIGO CROSSING DR ROCKLEDGE FL 32955			Mailing Address 5536 INDIGO CROSSING DR ROCKLEDGE FL 32955		
2. Principal Place of Business - No P.O. Box # 5536 INDIGO CROSSING DR Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State ROCKLEDGE FL 32955 1 Zip 32955		Country USA		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CECILIONE, RONALD E 5536 INDIGO CROSSING DR ROCKLEDGE FL 32955			
7. Name and Address of New Registered Agent 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 <u><i>Ronald E Cecilione</i></u> 6-24-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CECILIONE, RONALD E 5536 INDIGO CROSSING DR ROCKLEDGE FL 32955		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Ronald E Cecilione</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-25-07 <small>Date</small>		



1st MOORE CR2E034 (10/06)

Daytime Phone #

ATTACHMENT
40122551
#P06000121516

RONALD E. CECILIONE
5536 INDIGO CROSSING DR
ROCKLEDGE FL 32955
321-795-8332
6-25-07

Dear Sir or Madam,

I am requesting a waiver of the \$400 late fee for not filing by May of 2007. This is the first year for my filing and I did not receive a card reminder notice. I am enclosing the yearly \$150⁰⁰ fee for my renewal.

Sincerely,

Ronald E Cecilione
RONALD E CECILIONE

ATTACHMENT
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I have not started business yet.
I expect to start by the end of 2007