

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000014774

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** CAROLINA CHOPPERS TRUCKING, INC.

**Current Principal Place of Business:**

5288 DUCKWEED LA.  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

5288 DUCKWEED RD.  
LAKE WORTH, FL 33449 US

**Current Mailing Address:**

5288 DUCKWEED LA.  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

5288 DUCKWEED RD.  
LAKE WORTH, FL 33449 US

**FEI Number:** 20-8355892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOPE KAMSTRA, CPA, PA  
4400 N. FEDERAL HWY.  
SUITE 17  
BOCA RATON, FL 33431 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:** TOM NIXON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** NIXON, TOM  
**Address:** 5288 DUCKWEED LA.  
**City-St-Zip:** LAKE WORTH, FL 33467 US

**Title:** VP  
**Name:** NIXON, SHELLEY  
**Address:** 5288 DUCKWEED LA.  
**City-St-Zip:** LAKE WORTH, FL 33467 US

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:** TOM NIXON

PRES

01/21/2010

Electronic Signature of Signing Officer or Director

Date