

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000032232

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** SICK BASTARD CHOPPERS, INC.

**Current Principal Place of Business:**

10180 W BAY HARBOR DRIVE  
2A  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

10180 W BAY HARBOR DRIVE  
2A  
BAY HARBOR ISLANDS, FL 33154

**New Mailing Address:**

**FEI Number:** 26-2274749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAUSEY, DANIEL  
10180 W BAY HARBOR DRIVE  
2A  
BAY HARBOR ISLANDS, FL 33154 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

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: DAUSEY, DANIEL  
Address: 10180 W BAY HARBOR DRIVE  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: DIR  
Name: MUSSRY, SOL  
Address: 10180 W BAY HARBOR DRIVE  
City-St-Zip: BAY HARBOR ISLANDSW, FL 33154

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: DANIEL DAUSEY

DIR

02/10/2011

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

\_\_\_\_\_  
Date