2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63545

Entity Name: D. & B. GOLF CARTS, INC.

FILED Feb 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% GAITHER D. LAIL 6980 U.S. 27TH SOUTH SEBRING, FL 33876

New Mailing Address: Current Mailing Address:

% GAITHER D. LAIL 6980 U.S. 27TH SOUTH SEBRING, FL 33876

FEI Number: 59-2324548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAIL, GAITHER D 6980 US HWY 27 SOUTH SEBRING, FL 33876

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete

LAIL, GAITHER D Name: 6980 US HWY 27 SOUTH Address:

City-St-Zip: SEBRING, FL

Title: STD () Delete

Name: LAIL, BETH

6980 US HWY 27 SOUTH Address:

SEBRING, FL City-St-Zip:

Title: (X) Change () Addition

LAIL, GAITHER D Name: 6980 US HWY 27 SOUTH Address: City-St-Zip: SEBRING, FL 33876

Title: STD (X) Change () Addition

Name: LAIL BETH

Address: 6980 US HWY 27 SOUTH SEBRING, FL 33876 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETH E. LAIL 02/21/2005 STD