# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # K54329**

1. Entity Name

STENTEN'S GOLF CART ACCESSORIES, INC.



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1867 BARBER RD SARASOTA, FL 34240 P.O. BOX 3948

SARASOTA, FL 34230-3948 US



### DO NOT WRITE IN THIS SPACE

04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0091293 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORAN, JOHN A 1990 MAIN ST SUITE 700 SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE !S \$150.00 After May 1, 2007 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

16. OFFICERS AND DIRECTORS 营輸收益等等效率			
TITLE	PST		
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CITY-ST-ZIP	SARASOTA, FL 34238		
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CITY-ST-ZIP		更	年16年7月,1980年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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:

Manufacture AND TYPEG OR PRINTED MANE OF BIONING OFFICER OR DIRECTOR

4/19/07

941-378-3993

Daylme Phone #