


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000000437	
1. Entity Name JARRETT'S JOY CART OF ORLANDO, INC.	

Principal Place of Business 1933 CALADIUM PLACE LONGWOOD, FL 32750	Mailing Address 1933 CALADIUM PLACE LONGWOOD, FL 32750
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**DO NOT WRITE IN THIS SPACE**



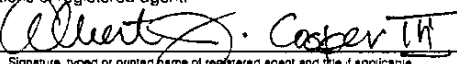
02062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-4519853	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  COOPER, ALBERT J III 1933 CALADIUM PLACE LONGWOOD, FL 32750
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**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 	DATE 2/6/07
<small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	


Filing Fee is \$61.25 Due by May 1, 2007
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, ALBERT J III 1933 CALADIUM PLACE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, LISA L 1933 CALADIUM PLACE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LARRY D 1933 CALADIUM PLACE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000628738  
02/16/07-80029-004 61.25

**DO NOT WRITE IN THIS SPACE**

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 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 617, 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: 	Albert J. Cooper III 2/6/07 407-628-4161
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
<small>Date</small>	<small>Daytime Phone #</small> 8101