2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000000437

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

Principal Place of Business	Mailing Address
1933 CALADIUM PLACE LONGWOOD, FL 32750	1933 CALADIUM PLACE LONGWOOD, FL 32750

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03112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
36-4519853
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, ALBERT J III
1933 CALADIUM PLACE
LONGWOOD, FL 32750

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000008567793
03/28/08-80021-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOPER, ALBERT J III
STREET ADDRESS	1933 CALADIUM PLACE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D
NAME	COOPER, LISA L
STREET ADDRESS	1933 CALADIUM PLACE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D
NAME	BROWN, LARRY D
STREET ADDRESS	1933 CALADIUM PLACE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 3/11/08 407.628.4161 x 101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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