

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069244

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: KEN STRICKLAND GOLF CARTS, INC.

## Current Principal Place of Business:

1184-A CAPITAL CIR., NE  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

1190-B CAPITAL CIR., NE  
TALLAHASSEE, FL 32301

## Current Mailing Address:

1184-A CAPITAL CIR., NE  
TALLAHASSEE, FL 32301

## New Mailing Address:

1190-BCAPITAL CIR., NE  
TALLAHASSEE, FL 32301

FEI Number: 52-2366901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRICKLAND, ARVIS K JR.  
1184-A CAPITAL CIR., NE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

STRICKLAND, ARVIS K JR.  
1190-B CAPITAL CIR., NE  
TALLAHASSEE, FL 32301 US

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: \_\_\_\_\_

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: STRICKLAND, ARVIS K JR  
Address: 1184-A CAPITAL CIR., NE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Delete  
Name: MATUS, RICHARD D  
Address: 1301 SUMERLIN DR  
City-St-Zip: TALLAHASSEE, FL 32317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: STRICKLAND, ARVIS K JR  
Address: 1190-B CAPITAL CIR., NE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: A. K. STRICKLAND JR.

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date