


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90067 023 ***150.00

DOCUMENT # P04000170635					
1. Entity Name ELECTRIC KARTS, INC.					
Principal Place of Business 3930 STATE ROAD 29 LABELLE, FL 33935 US			Mailing Address 3930 STATE ROAD 29 LABELLE, FL 33935 US		
2. Principal Place of Business		3. Mailing Address PO BOX 633			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LABELLE FL			
Zip	Country	Zip 33975	Country US	4. FEI Number 34-2028252	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GARRISON, HERSCHEL 366 MAHOGANY CT. LABELLE, FL 33935			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			City FL		
Zip Code			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P, T	NAME GARRISON, HERSCHEL		TITLE VPS	NAME FULLER, SUSAN M	
STREET ADDRESS 366 MAHOGANY CT.	CITY-ST-ZIP LABELLE, FL 33935		STREET ADDRESS 4449 BOGIE CT SW	CITY-ST-ZIP PORT LABELLE FL 33935	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VP S	NAME FULLER, SUSAN M		TITLE VP S	NAME FULLER, SUSAN M	
STREET ADDRESS 160 BAY CT. SW	CITY-ST-ZIP LABELLE, FL 33935		STREET ADDRESS 160 BAY CT. SW	CITY-ST-ZIP LABELLE, FL 33935	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VP S	NAME FULLER, SUSAN M		TITLE VP S	NAME FULLER, SUSAN M	
STREET ADDRESS 160 BAY CT. SW	CITY-ST-ZIP LABELLE, FL 33935		STREET ADDRESS 160 BAY CT. SW	CITY-ST-ZIP LABELLE, FL 33935	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VP S	NAME FULLER, SUSAN M		TITLE VP S	NAME FULLER, SUSAN M	
STREET ADDRESS 160 BAY CT. SW	CITY-ST-ZIP LABELLE, FL 33935		STREET ADDRESS 160 BAY CT. SW	CITY-ST-ZIP LABELLE, FL 33935	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VP S	NAME FULLER, SUSAN M		TITLE VP S	NAME FULLER, SUSAN M	
STREET ADDRESS 160 BAY CT. SW	CITY-ST-ZIP LABELLE, FL 33935		STREET ADDRESS 160 BAY CT. SW	CITY-ST-ZIP LABELLE, FL 33935	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
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 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: _____			1-27-06 863-675-3850		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		