


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000170635 1. Entity Name ELECTRIC KARTS, INC.	
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02142007 No Chg-P CR2E034 (11/05)

Principal Place of Business 3930 STATE ROAD 29 LABELLE, FL 33935 US	Mailing Address POB 633 LABELLE, FL 33975 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 34-2028252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARRISON, HERSCHEL 366 MAHOGANY CT. LABELLE, FL 33935

**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 reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007, Fee will be \$550.00.**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GARRISON, HERSCHEL 366 MAHOGANY CT. LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FULLER, SUSAN M 4449 BOGIE CT SW LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/10/07-80059-009 150.00

**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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07 863-675-3760
Date Daytime Phone #