2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000005617

1. Entity Name
AMERICAN GOLF CART, INC.

Principal Place of Business	Mailing Address
2833 US HIGHWAY 27 SOUTH	PO BOX 1453
AVON PARK, FL 33825 US	AVON PARK, FL 33826 US

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-4154770	Not Applicable

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

6. Name and Address of Current Registered Agent

SKRZYNIARZ, JOHN S
2833 US HIGHWAY 27 SOUTH
AVON PARK, FL 33825

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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 _[signature]_

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

DATE _1-15-08_

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P/D
NAME	SKRZYNIARZ, MICHAEL E
STREET ADDRESS	2833 US HIGHWAY 27 SOUTH
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VP/D
NAME	SKRZYNIARZ, JOHN S
STREET ADDRESS	2833 US HIGHWAY 27 SOUTH
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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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 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]_ JOHN SKRZYNIARZ 1-15-08   863-453-2275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #