



FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90117 001 ***450.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

4/2/07

DOCUMENT # P06000102956			
1. Entity Name MID-FLORIDA GOLF CAR TRANSPORTATION, INC.			
Principal Place of Business 935 LONGDALE AVENUE LONGWOOD, FL 32750		Mailing Address 935 LONGDALE AVENUE LONGWOOD, FL 32750	
2. Principal Place of Business - No P.O. Box # 133 E CHURCH AVE		3. Mailing Address 133 E CHURCH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LONGWOOD, FL		City & State LONGWOOD, FL	
Zip 32750		Zip 32750	
Country		Country	
4. FEI Number 20-5349938		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANLEY, NORMA 215 NORTH EOLA DRIVE ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	D SANDERS, BOBBY J JR. 935 LONGDALE AVENUE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDERS, DARRON 935 LONGDALE AVENUE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		BOBBY J. SANDERS, JR. 3-19-07 407-831-4494	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

66009239
#P06000102956



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

MID-FLORIDA GOLF CAR TRANSPORTATION, INC.

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-5349938

Today's Date is: August 10, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)