

ANNUAL REPORT

DOCUMENT # P95000086079

1. Entity Name
ACTION GOLF CAR, INC.



Principal Place of Business
6768 PINELAND ROAD
PINELAND, FL 33945

Mailing Address
POST OFFICE BOX 3011
PINELAND, FL 33945

DO NOT WRITE IN THIS SPACE

FILED
09 JUN -9 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0615770

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRILHART, MARC A
6768 PINELAND ROAD
PINELAND, FL 33945

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRILHART, MARC A
STREET ADDRESS	6768 PINELAND ROAD
CITY-ST-ZIP	PINELAND, FL 33945
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200156944642
06/09/09--01029--008 **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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/09 239-283-3001
Date Daytime Phone #

239-220-9809