

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000066556

1. Entity Name
ARS POWER SPORTS, INC.



Principal Place of Business
**4422 HWY 441 N.
OKEECHOBEE, FL 34972**

Mailing Address
**4422 HWY 441 N.
OKEECHOBEE, FL 34972**



04092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0934593

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NELSON, F. ALAN
4422 HWY 441 N.
OKEECHOBEE, FL 34972**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**1000000518894
05/02/06-00031-009 158.75**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NELSON, F. ALAN
STREET ADDRESS	4422 HWY 441 N.
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	MITCHUM, STEVE
STREET ADDRESS	1514 S.W. 18TH TERRACE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 807, 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

4/14/06
Date

863-467-0900
Daytime Phone