

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 318436

FILED
Jan 04, 2007
Secretary of State

Entity Name: CARGO SERVICE STATIONS INC

Current Principal Place of Business:

205 S. HOOVER
TAMPA, FL 33609

New Principal Place of Business:

205 S. HOOVER
400
TAMPA, FL 33609

Current Mailing Address:

205 S. HOOVER
TAMPA, FL 33609

New Mailing Address:

205 S. HOOVER
400
TAMPA, FL 33609

FEI Number: 59-1201356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, J STYLES ESQ
205 S HOOVER ST. #400
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FARMER, JD
Address: 205 S HOOVER ST #400
City-St-Zip: TAMPA, FL 33609

Title: PTD () Delete
Name: CARTER, SHIRLEY
Address: 205 S HOOVER ST
City-St-Zip: TAMPA, FL 33609

Title: VSD () Delete
Name: THATCHER, CAROLYN
Address: 205 S HOOVER ST
City-St-Zip: TAMPA,, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FARMER, JD
Address: 205 S HOOVER ST #400
City-St-Zip: TAMPA, FL 33609

Title: PTD (X) Change () Addition
Name: CARTER, SHIRLEY
Address: 205 S HOOVER ST #400
City-St-Zip: TAMPA, FL 33609

Title: VSD (X) Change () Addition
Name: THATCHER, CAROLYN
Address: 205 S HOOVER ST #400
City-St-Zip: TAMPA,, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY A CARTER

PRES

01/04/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date