


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90344 046 ***150.00

DOCUMENT # 449951

1. Entity Name
KARRGO INDUSTRIES, INC.



Principal Place of Business
**1629 B PARADE CIRCLE
 DELAND FL 32724
 US**

Mailing Address
**111 S BOUNDARY AVE
 DELAND FL 32720
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

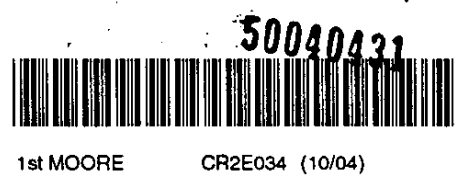
City & State

Zip Country

4. FEI Number **59-1533164**

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**RICHARD A. FLANIGAN
 111 S BOUNDARY AVE
 DELAND FL 32720**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, the above named entity, submit 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	FLANIGAN, RICHARD J	
STREET ADDRESS	11808 OLD TIMBER ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28269	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAIVA, KATHLEEN M	
STREET ADDRESS	425 W. PENNSYLVANIA AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLANIGAN, RICHARD A	
STREET ADDRESS	111 S BOUNDARY AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLANIGAN, ALICE J	
STREET ADDRESS	111 S BOUNDARY AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, KATHLEEN M.	
STREET ADDRESS	425 W. PENNSYLVANIA AVE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard A. Flanigan, Pres.
RICHARD A. FLANIGAN, PRES.

Date: 4-15-05 Daytime Phone #: 386-822-9781