## 2007 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

SIGNATURE: RICHARD A. FLANIGAN.

## **DOCUMENT # 449951** Mar 28, 2007 08:00 AM **Secretary of State** KARRGO INDUSTRIES, INC. Principal Place of Business Mailing Address 111 S BOUNDARY AVE 111 S BOUNDARY AVE DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, otc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-1533164 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Dosired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARD A. FLANIGAN Street Address (P.O. Box Number is Not Acceptable) 111 S BOUNDARY AVE DELAND FL 32720 City 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. VD Change ■ Addition HIII. Dolete HHII FLANIGAN, RICHARD J NAME NAM 11808 OLD TIMBER ROAD STREET ADDRESS STREET ADDRESS CHARLOTTE NC 28269 CHY-ST-ZIP CHY-ST-7IP Delete ALFORD, KATHLEEN M NAM n4/n4/n7-80028-011 150.00 425 W. PENNSYLVANIA AVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP DELAND FL 32720 CITY-ST-7IP Change Addition THE Delete THE FLANIGAN, RICHARD A NAMI NAMI 111 S BOUNDARY AVE STREET ADDRESS STREET ADDRESS CHY-St-ZIP DELAND FL 32720 CITY-ST-ZIP ☐ Delete ☐ Change Addition FLANIGAN, ALICE J NAMI 111 S BOUNDARY AVE STREET AODRESS STREET ADDRESS DELAND FL 32720 CITY ST-ZIP CHY-ST-ZIP ☐ Change Addition mu ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CHY-ST-ZIP ☐ Change Addition HHE Delete HHI NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal offect as if made under early 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.

OFFICER OR DIRECTOR

FILED

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