


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # 449951
1. Entity Name
KARRGO INDUSTRIES, INC.



Principal Place of Business Mailing Address
111 S BOUNDARY AVE **111 S BOUNDARY AVE**
DELAND FL 32720 **DELAND FL 32720**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt #, etc. Suite, Apt #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State

4. FEI Number **59-1533164** Applied For
Not Applicable

Zip Country Zip Country

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

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
VD NAME: FLANIGAN, RICHARD J STREET ADDRESS: 11808 OLD TIMBER ROAD CITY-ST-ZIP: CHARLOTTE NC 28269	<input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: ALFORD, KATHLEEN M STREET ADDRESS: 425 W. PENNSYLVANIA AVE CITY-ST-ZIP: DELAND FL 32720	<input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME: FLANIGAN, RICHARD A STREET ADDRESS: 111 S BOUNDARY AVE CITY-ST-ZIP: DELAND FL 32720	<input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAME: FLANIGAN, ALICE J STREET ADDRESS: 111 S BOUNDARY AVE CITY-ST-ZIP: DELAND FL 32720	<input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000681085 Change Addition
04/04/07-80028-011 150.00

12. I hereby 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 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. 3-24-07 386-822-9781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #