2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2005 08:00 AM **Secretary of State DOCUMENT # 407376** 1. Entity Name CARGO SALES, INC Mailing Address Principal Place of Business 3042 US HWY 1 3042 US HWY 1 EDGEWATER, FL 32141 EDGEWATER, FL 32141 02182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-1411106 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BRINSON, PATRICIA A 3042 US HWY 1 EDGEWATER, FL 32141 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 Signature, typed or profiled name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE U00000245442 NAME BRINSON, PATRICIA A 3042 US HWY 1 02/28/05-80024-023 150.00 STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL S TITLE BRINSON, WILLIAM S NAME STREET ADDRESS 3042 US HWY 1 EDGEWATER, FL CITY-ST-ZIP TITLE BRINSON, LARRY C NAME STREET ADDRESS 3042 US HWY 1 DO NOT WRITE EDGEWATER, FL CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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NAME STREET ADDRESS CITY-SJ-ZIP