2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 449951 02-09-2006 90023 023 ***150.00 1. Entity Name KARRGO INDUSTRIES, INC. Principal Place of Business Mailing Address 1629 B PARADE CIRCLE 111 S BOUNDARY AVE DELAND FL 32724 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address [[[S. BOUNDARY Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1533164 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if 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, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition FLANIGAN, RICHARD J NAME NAME STREET ADDRESS 11808 OLD TIMBER ROAD STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28269 CITY-ST-ZIP TIDE ☐ Defete TITLE ☐ Addition NAME ALFORD, KATHLEEN M NAME STREET ADDRESS 425 W. PENNSYLVANIA AVE STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIP TITLE PD__ ____ Delete TITLE ☐ Change Addition NAME FLANIGAN, RICHARD A NAME STREET ADDRESS STREET ADDRESS 111 S BOUNDARY AVE CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIP SD RILE ☐ Detete TITLE ☐ Change ☐ Addition FLANIGAN, ALICE J NAME NAME STREET ADDRESS 111 S BOUNDARY AVE STREET ADDRESS DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Flangar, PRICHARD A. FLANIGAN, PRES. 1-30-06 386-822-978/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone 4

FILED

Feb 09, 2006 8:00 am