

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State



DOCUMENT # F01000002000		1. Entity Name CARGO TRANSPORT CORPORATION OF DELAWARE		4. FEI Number 38-2427679		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	
Principal Place of Business PO BOX 2322 MARCO ISLAND FL 34146		Mailing Address PO BOX 2322 MARCO ISLAND FL 34146		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)	
2. Principal Place of Business		3. Mailing Address		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NEWBOURNE, M J 651 SOUTH COLLIER BLVD SUITE 2H MARCO ISLAND FL 34146		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
City & State		City & State		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.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWBOURNE, M J PO BOX 2322 MARCO ISLAND FL 34146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS NEWBOURNE, EDYTHE J PO BOX 2322 MARCO ISLAND FL 34146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000430835 02/23/06-80005-005 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add	

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: *M J Newbourne* *M J Newbourne 2/10/06 239-642-30*