

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F94000003518

1. Entity Name  
CARGILL ASSOCIATES, INC.



Principal Place of Business  
P.O. BOX 330339  
FT WORTH, TX 76163

Mailing Address  
P.O. BOX 330339  
FT WORTH, TX 76163

**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1578334	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when revising)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

000000328650  
04/25/05-80084-024 150.00

10. OFFICERS AND DIRECTORS

TITLE: CD  
NAME: CARGILL, ROBERT L  
STREET ADDRESS: 6920 SHADOW CREEK COURT  
CITY-ST-ZIP: FT WORTH, TX

TITLE: P  
NAME: CARGILL, STEPHEN W.  
STREET ADDRESS: 7308 WIND CHIME  
CITY-ST-ZIP: FT WORTH, TX

TITLE: ST  
NAME: ANDERSON, SHARON  
STREET ADDRESS: 7829 MEADOWLARK DR.  
CITY-ST-ZIP: FT WORTH, TX

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Sharon Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Anderson 04-22-05

Date

817-292-9374

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**