

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000003518

1. Entity Name
CARGILL ASSOCIATES, INC.



**FILED
Apr 24, 2006 08:00 AM
Secretary of State**

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

03162006 No Chg-P CR2E034 (11/05)

| | |
|----------------------------------|---------------------------------------------------------|
| 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 file if applicable

(NOTE: Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

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

UU00000528452
05/05/06-80038-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Sharon Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Anderson

Secretary/Treasurer

04-17-06 817-292-9374

Date

Daytime Phone #