


1121

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000006224 1. Entity Name CARGEX ORLANDO II PROPERTIES, INC.	
---	---

Principal Place of Business TWO MONUMENT SQUARE SUITE 910 PORTLAND, ME 04101	Mailing Address 38 PERIMETER ROAD LONDONDERRY, NH 03053
--	---



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0503241	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T 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 re-instating) DATE _____

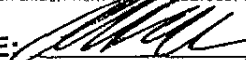
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALA, ANDREW L 13328 PALOMA DR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BORNHEIMER, ALLEN M 76 UPLAND ROAD DUXBURY, MA 02332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODERICK, RICHARD M 213 TWO LIGHTS RD. CAPE ELIZABETH, ME 04107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>UD00000216759 02/05/05-80060-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Allen M. Bornheimer** **01/24/05** **603-644-5855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #