


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91020 048 ***150.00

DOCUMENT # F98000002677					
1. Entity Name TBI CARGO, INC.					
Principal Place of Business 3015 CARRIER AVE SANFORD, FL 32773 US			Mailing Address 3200 RED CLEVELAND BLVD. SANFORD, FL 32773		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3504189	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBINSON, KEITH R. 3200 RED CLEVELAND BLVD. SANFORD, FL 32773				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCD NAME WARRINER, MAX STREET ADDRESS 3015 CARRIER AVENUE CITY-ST-ZIP SANFORD, FL	<input type="checkbox"/> Delete		TITLE NAME VD Warriner, Tracey 3015 Carrier Ave. Sanford, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME WHITE, TRACEY STREET ADDRESS 3015 CARRIER AVENUE CITY-ST-ZIP SANFORD, FL	<input type="checkbox"/> Delete		TITLE NAME TSD Robinson, R. Keith 3200 Red Cleveland Blvd. Sanford, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TSD NAME ROBINSON, KEITH STREET ADDRESS 3200 RED CLEVELAND BLVD. CITY-ST-ZIP SANFORD, FL 32773	<input type="checkbox"/> Delete		TITLE NAME D Brooks, Keith 159 New Bond Street London England	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BROOKS, KEITH STREET ADDRESS 159 NEW BOND STREET CITY-ST-ZIP LONDON ENGLAND	<input type="checkbox"/> Delete		TITLE NAME D Price, Caroline 159 New Bond Street London England	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PRICE, CAROLINE STREET ADDRESS 159 NEW BOND STREET CITY-ST-ZIP LONDON ENGLAND	<input type="checkbox"/> Delete		TITLE NAME D Price, Caroline 159 New Bond Street London England	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME D Price, Caroline 159 New Bond Street London England	<input type="checkbox"/> Delete		TITLE NAME D Price, Caroline 159 New Bond Street London England	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>R. Keith Robinson</i>			Date: 4/20/04 Daytime Phone #: 407-585-4555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

R. Keith Robinson