


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90083 006 ***150.00

| | |
|---|---|
| DOCUMENT # P03000079764 |  |
| 1. Entity Name KANORADO LOGISTIC SERVICES, INC. | |

| | |
|---|---|
| Principal Place of Business 2210 DELORAINE TRAIL MAITLAND, FL 32795 | Mailing Address WLS, INC./%TOM FORD, CPA 1601 SW 37TH ST TOPEKA, KS 66611 |
|---|---|

50031612



| | |
|--|---|
| 2. Principal Place of Business 1861 N Federal Hwy Suite, Apt. #, etc. PBM #125 City & State Hollywood, FL Zip 33020-2827 | 3. Mailing Address % Tom Ford, CPA 1601 SW 37TH ST City & State Topeka, KS Zip 66611-2563 |
| Country USA | Country USA |

03092005 Chg-P CR2E034 (10/03)

| | |
|--|--|
| 4. FEI Number 55-0838542 | 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 WILSON, DALE 2210 DELORAINE TRAIL MAITLAND, FL 32795 | 7. Name and Address of New Registered Agent Name Wilson, Dale Street Address (P.O. Box Number is Not Acceptable) 1861 N Federal Hwy PBM #125 City Hollywood FL Zip Code 33020-2827 |
|--|--|

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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| | | | |
|--|--|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT WILSON, DALE 2210 DELORAINE TRAIL MAITLAND, FL 32795 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 1861 N Federal Hwy PBM #125 Hollywood, FL 33020-2827 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FORD, TOM 1601 SW 37TH STREET TOPEKA, KS 666112563 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WILSON, MARY C 4624 SE OAK BOND DR BERRYTON, KS 664099227 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Addition |
| 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"/> Addition |
| 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"/> 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:  DATE: **3-10-04** DAYTIME PHONE #: **785-267-6565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Ford, CPA