

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000079764

1. Entity Name
KANORADO LOGISTIC SERVICES, INC.



Principal Place of Business
1861 N. FEDERAL HWY.
PBM #125
HOLLYWOOD, FL 33020-2827 US

Mailing Address
900 SW 39TH ST SUITE F
TOPEKA, KS 66609 US



03112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0838542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

WILSON, DALE
1861 N. FEDERAL HWY.
PBM #125
HOLLYWOOD, FL 33020-2827

**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 reinstating)

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**

U000000476127
04/05/06-80044-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME WILSON, DALE
STREET ADDRESS 1861 N. FEDERAL HWY.
CITY-ST-ZIP HOLLYWOOD, FL 330202827

TITLE V
NAME FORD, TOM
STREET ADDRESS 1601 SW 37TH STREET
CITY-ST-ZIP TOPEKA, KS 666112563

TITLE S
NAME WILSON, MARY C
STREET ADDRESS 4624 SE OAK BOND DR
CITY-ST-ZIP BERRYTON, KS 664099227

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas J. Ford Tom Ford 3/11/06 785-267-6565