

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155616

Entity Name: FAST CARGO, INC.

FILED
Feb 02, 2006
Secretary of State

Current Principal Place of Business:

13401 STAGHORN ROAD
TAMPA, FL 33626

New Principal Place of Business:

4814 ARTESIAN RD
LAND O LAKES, FL 34638

Current Mailing Address:

13401 STAGHORN ROAD
TAMPA, FL 33626

New Mailing Address:

4814 ARTESIAN RD
LAND O LAKES, FL 34638

FEI Number: 37-1481559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, DUANE B
13401 STAGHORN ROAD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

TURNER, DUANE B
4814 ARTESIAN RD
LAND O LAKES, FL 34638 US

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.

SIGNATURE: DUANE B TURNER

02/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, DUANE B
Address: 13401 STAGHORN ROAD
City-St-Zip: TAMPA, FL 33626

Title: V () Delete
Name: TURNER, DUANE B
Address: 13401 STAGHORN ROAD
City-St-Zip: TAMPA, FL 33626

Title: S () Delete
Name: TURNER, DUANE B
Address: 13401 STAGHORN ROAD
City-St-Zip: TAMPA, FL 33626

Title: T () Delete
Name: TURNER, DUANE B
Address: 13401 STAGHORN ROAD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TURNER, DUANE B
Address: 4814 ARTESIAN RD
City-St-Zip: LAND O LAKES, FL 34638

Title: V (X) Change () Addition
Name: TURNER, DUANE B
Address: 4814 ARTESIAN RD
City-St-Zip: LAND O LAKES, FL 34638

Title: S (X) Change () Addition
Name: TURNER, DUANE B
Address: 4814 ARTESIAN RD
City-St-Zip: LAND O LAKES, FL 34638

Title: T (X) Change () Addition
Name: TURNER, DUANE B
Address: 4814 ARTESIAN RD
City-St-Zip: LAND O LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE B TURNER

P

02/02/2006

Electronic Signature of Signing Officer or Director

Date