2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90203 018 ***150.00

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DOCUMENT # P04000125153

1. Entity Name
MUSTANG FREIGHT, INC.

Principal Place of Business	Mailing Address
309 GARNETT AVENUE TITUSVILLE, FL 32796	309 GARNETT AVENUE TITUSVILLE, FL 32796

2. Principal Place of Business	3. Mailing Address
708 Sea Palm Lane	P.O. Box 33725
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Satellite Beach, FL	City & State: Indialantic, FL
Zip: 32937 Country: USA	Zip: 32903 Country: USA

4. FEI Number: 20-1562586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LORAINE, JOHN 309 GARNETT AVENUE TITUSVILLE, FL 32796	Name: John Loraine Street Address (P.O. Box Number is Not Acceptable): 708 Sea Palm Lane City: Satellite Beach FL Zip Code: 32937

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P LORAINE, JOHN 309 GARNETT AVENUE TITUSVILLE, FL 32796 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Loraine, John 708 Sea Palm Lane Satellite Beach, FL 32937 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: John Loraine 2/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #