


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90386 021 ***150.00

DOCUMENT # P04000125153

1. Entity Name
MUSTANG FREIGHT, INC.



Principal Place of Business
**708 SEA PALM LANE
 SATELLITE BEACH, FL 32937**

Mailing Address
**PO BOX 33725
 INDIALANTIC, FL 32903**

40057056



2. Principal Place of Business
1371 Sequoia Trail
 Suite, Apt. Etc.

3. Mailing Address
1371 Sequoia Trail
 Suite, Apt. Etc.

03292006 Chg-P CR2E034 (11/05)

City & State
Canyon Lakes, Tx

City & State
Canyon Lakes, Tx

Zip
78133

Country
Comal

4. FEI Number
20-1562586

Applied For
 Not Applicable

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

5. Name and Address of Current Registered Agent

LORAIN, JOHN
708 SEA PALM LANE
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name **David R. Patterson**

Street Address (P.O. Box Number is Not Acceptable)
519 A. N. Harbor City Blvd

City **Melbourne** FL Zip Code **32935**

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: *David R. Patterson* (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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LORAIN, JOHN	
STREET ADDRESS	708 SEA PALM LANE	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Loraine	
STREET ADDRESS	1371 Sequoia Trail	
CITY-ST-ZIP	Canyon Lakes, Tx 78133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John Loraine* **JOHN LORAIN** 4-19-06 830 609 8988

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #