



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000074812			
1. Entity Name CARR-GO INC.			
Principal Place of Business 30499 N HIGHWAY 441 OKEECHOBEE, FL 34972 US		Mailing Address 30499 N HIGHWAY 441 OKEECHOBEE, FL 34972 US	
DO NOT WRITE IN THIS SPACE			
			04112005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0537547	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARR, CYNTHIA L 30499 N HIGHWAY 441 OKEECHOBEE, FL 34972		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CARR, CYNTHIA L 30499 N HIGHWAY RRQ OKEECHOBEE, FL 34972		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARR, WAYNE 30499 N HIGHWAY 441 OKEECHOBEE, FL 34972		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Wayne E Carr</u> WAYNE E CARR VP		Date <u>4/14/2005</u> (863) 462-6210	