

ANNUAL REPORT (AR)**DOCUMENT # S16180**

1. Entity Name

CARGO TRANSMISSION, INC.**FILED**
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

**1604 UNIVERSITY BLVD., NORTH
JACKSONVILLE FL 32211**

Mailing Address

**1604 UNIVERSITY BLVD., NORTH
JACKSONVILLE FL 32211**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3037534**Applied For
Not Applicable5. 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

**CERMACK, THOMAS F
4447 FERN CREEK DRIVE
JACKSONVILLE FL 32277**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

1-19-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GARY, FLAGLER**
STREET ADDRESS **1604 UNIVERSITY BLVD. N**
CITY-STATE-ZIP **JACKSONVILLE FL 32211**TITLE **VP** ☐ Delete
NAME **KRESS, JEFFREY J**
STREET ADDRESS **1604 UNIVERSITY BLVD. N**
CITY-STATE-ZIP **JACKSONVILLE FL 32211**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000596015
01/23/07-80062-003 150.00TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

1-19-07 904-743-2277

Date

Daytime Phone #