

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90022 040 \*\*\*150.00

**DOCUMENT # F07191**

1. Entity Name

FLORIDA CONVEYOR & EQUIPMENT COMPANY, INC.



Principal Place of Business

HWY 37 NO  
P.O. BOX 737  
MULBERRY FL 33860  
US

Mailing Address

PO BOX 737  
MULBERRY FL 33860  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KAIN, MARGARET R  
HWY 37 NO.  
MULBERRY FL 33860

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete  
NAME KAIN MELISSA MIA  
STREET ADDRESS 819 OSCEOLA ST.  
CITY-ST-ZIP LAKELAND FL

TITLE PD ☐ Delete  
NAME KAIN, MARGARET R  
STREET ADDRESS 1726 VIRGINIA CT  
CITY-ST-ZIP LAKELAND FL

TITLE STD ☐ Delete  
NAME GOULD, ROBIN K  
STREET ADDRESS 1726 VIRGINIA CT  
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Change ☐ Addition  
NAME MELISSA KAIN  
STREET ADDRESS 1525 S.R. 37, NORTH  
CITY-ST-ZIP MULBERRY, FL 33860

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition  
NAME GOULD, ROBIN  
STREET ADDRESS 1380 OSPREY LANDING  
CITY-ST-ZIP LAKELAND, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/04 863 425-1137