


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 08, 2005 08:00 AM
Secretary of State

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
--	--



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2042853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KAIN, MARGARET R
HWY 37 NO.
MULBERRY, FL 33860**

**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
---	--

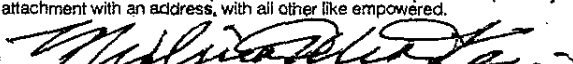
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KAIN, MELISSA 1525 S.R. 37 NORTH MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAIN, MARGARET R 1726 VIRGINIA CT LAKELAND FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GOULD, ROBIN 1380 OSPREY LANDING LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000293871
04/08/05-80047-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **MELISSA KAIN** **(663)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **#105/05** **425-1137**
Date Daytime Phone #