

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G53542

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: POWERSCREEN OF FLORIDA, INC.

**Current Principal Place of Business:**

5125 N FRONTAGE ROAD  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5802  
LAKELAND, FL 33807

**New Mailing Address:**

FEI Number: 59-2316750      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAMBERS, WILLIAM S IV  
ONE LAKE MORTON DR  
LAKELAND, FL 33801      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: GRANT, MARY M.,  
Address: 6713 CRESCENT LAKE DR  
City-St-Zip: LAKELAND, FL 33813

Title: PD ( ) Delete  
Name: GRANT, DENIS,  
Address: 6713 CRESCENT LAKE DR  
City-St-Zip: LAKELAND, FL 33813

Title: VP ( ) Delete  
Name: GRANT, RICHARD,  
Address: 1206 CANDLEWOOD DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: T ( ) Delete  
Name: BOURNIGAL, BRENDA,  
Address: 630 CRESCENT HILLS  
City-St-Zip: LAKELAND, FL 33813

Title: VPD ( ) Delete  
Name: MCKEOWN, JOSEPH B  
Address: 3426 FOX MEADOW CT  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD GRANT

VP

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date