


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90230 027 ***150.00

DOCUMENT # G76345			
1. Entity Name COMMERCIAL CONVEYOR, INC.			
Principal Place of Business 9416 BUNTING LANE FORT PIERCE, FL 34951		Mailing Address 9416 BUNTING LANE FORT PIERCE, FL 34951	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4828 N. Kings Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB 230	
City & State		City & State Fort Pierce, FL	
Zip	Country	Zip	Country
34951-2203	USA		
4. FEI Number 59-2354210		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		7. Name and Address of New Registered Agent	
CHARBONEAU, BRIAN, L 9416 BUNTING LANE FORT PIERCE, FL 34951		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARBONEAU, BRIAN, L	NAME	4828 N. Kings Highway - PMB 230
STREET ADDRESS	9416 BUNTING LANE	STREET ADDRESS	Fort Pierce, FL 34951-2203
CITY-ST-ZIP	FORT PIERCE, FL 34951	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARBONEAU, KATHLEEN	NAME	4828 N. Kings Highway - PMB 230
STREET ADDRESS	9416 BUNTING LANE	STREET ADDRESS	Fort Pierce, FL 34951-2203
CITY-ST-ZIP	FORT PIERCE, FL 34951	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>K.E. Charboneau</u> K.E. Charboneau		Date: <u>4-28-08</u> 772-461-0840	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	