2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# P01000104274

Entity Name: U.S. CONVEYOR SOLUTIONS, INC.

Current Principal Place of Business:

4660 LAKE INDUSTRIAL BLVD
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

4660 LAKE INDUSTRIAL BLVD
TAVARES, FL 32778

New Mailing Address:

FEI Number: 01-0561298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHUMACHER, LAWRENCE W PRESIDE
335 SHOREWOOD DRIVE
TAVARES, FL 32778 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:	PD	( ) Delete
Name:	SCHUMACHER, LAWRENCE W PD	
Address:	335 SHOREWOOD DRIVE	
City-St-Zip:	TAVARES, FL 32778 US	
Title:	VD	( ) Delete
Name:	GASHAW, HURLEY V VD	
Address:	P.O. BOX 824	
City-St-Zip:	SORRENTO, FL 32778 US	
Title:	VD	( ) Delete
Name:	ROBERTS, KEITH A VD	
Address:	18441 CAYMAN STREET	
City-St-Zip:	EUSTIS, FL 32736 US	
Title:	VD	( ) Delete
Name:	GRIFFIN, HENRY D VD	
Address:	P.O. BOX 960	
City-St-Zip:	TAVARES, FL 32778 US	
Title:	STD	( ) Delete
Name:	CADORETTE, DONNA M TDS	
Address:	856 WISTERIA PLACE	
City-St-Zip:	TAVARES, FL 32778 US	
Title:	D	( ) Delete
Name:	JESKE, BRENDA L D	
Address:	27805 LOIS DRIVE	
City-St-Zip:	TAVARES, FL 32778 US	

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:	STD	(X) Change ( ) Addition
Name:	CADORETTE, DONNA M STD	
Address:	856 WISTERIA PLACE	
City-St-Zip:	TAVARES, FL 32778 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA M. CADORETTE O/D 01/17/2007
Electronic Signature of Signing Officer or Director Date