

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90032 041 ***150.00

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1. Entity Name

U.S. CONVEYOR SOLUTIONS, INC.



Principal Place of Business

4660 LAKE INDUSTRIAL BLVD
TAVARES, FL 32778

Mailing Address

4660 LAKE INDUSTRIAL BLVD
TAVARES, FL 32778

40003901



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number

01-0561298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHUMACHER, LAWRENCE W
335 SHOREWOOD DRIVE
TAVARES, FL 32778

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SCHUMACHER, LAWRENCE W
STREET ADDRESS	335 SHOREWOOD DRIVE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	VD
NAME	GASHAW, HURLEY V
STREET ADDRESS	P.O. BOX 824
CITY-ST-ZIP	SORRENTO, FL 32778
TITLE	VD
NAME	ROBERTS, KEITH A
STREET ADDRESS	18441 CAYMAN STREET
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	VD
NAME	GRIFFIN, HENRY D
STREET ADDRESS	P.O. BOX 900 4371 ABACO DRIVE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D
NAME	JESKE, BRENDA L
STREET ADDRESS	27805 LOIS DRIVE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08

Date

352-343

Daytime Phone #