## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT # P03000049136** RAIL-VEYOR SYSTEMS, INC.



**FILED** May 01, 2007 08:00 AM Secretary of State

Principal Place of Business

101 HIGH COUNTRY WAY MORGANTON, GA 30560 Mailing Address

101 HIGH COUNTRY WAY MORGANTON, GA 30560



DO NOT WRITE IN THIS SPACE

04242007	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Applied For	
51-0461	434		Not Applicat	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES E 77 ALMERIA ST ST. AUGUSTINE, FL 32084

## DO NOT WRITE

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the obligat	tions of registered agent.	ourpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		
10.	OFFICERS AND DIREC	CTORS	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DIBBLE, MERTON F 101 HIGH COUNTRY WAY MORGANTON, GA 30560			000000753634 05/22/07-80027-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DIBBLE, MARIE A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN:	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				•

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.

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NAME STREET ADDRESS CITY-ST-ZIP

706-374-2225