

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P40615

1. Entity Name
NATIONAL CONVEYOR AND SUPPLY COMPANY



Principal Place of Business
**1900 AUSTRALIAN AVE
RIVIERA BEACH, FL 33404 US**

Mailing Address
**1900 AUSTRALIAN AVE
RIVIERA BEACH, FL 33404 US**



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3101410

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

**DE SILVA, ROBERT
1900 AUSTRALIAN AVE
RIVIERA BEACH, FL 33404**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000632831
02/21/07-80037-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BRANER, HAROLD
STREET ADDRESS	12128 PROSPERITY FARMS ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	PCDS
NAME	DESILVA, ROBERT
STREET ADDRESS	1380 15TH STREET WEST
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

2/8/07

561-842-8880