



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90027 029 \*\*\*150.00

DOCUMENT # P99000075386					
1. Entity Name NEXTCONVEYOR, CORP.					
Principal Place of Business 5100 WEST HANNA AVE TAMPA, FL 33634			Mailing Address 5100 WEST HANNA AVE TAMPA, FL 33634		
2. Principal Place of Business - No P.O. Box # 1104 E. BAKER ST.		3. Mailing Address 1104 E. BAKER ST.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Plant City, FL			
City & State Plant City FL		City & State Plant City, FL			
Zip 33563		Zip 33563			
Country USA		Country USA		01262008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3592680				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  KUMAR, ROGER 5100 WEST HANNA TAMPA, FL 33634			7. Name and Address of New Registered Agent Name: Carole Wright Street Address (P.O. Box Number Not Acceptable): 1104 E. BAKER ST. City: PLANT CITY FL Zip Code: 33563		
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: <u>Carole Wright</u> DATE: <u>1/26/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, CAROLE		NAME	1104 E. Baker St.	
STREET ADDRESS	5100 WEST HANNA		STREET ADDRESS	Plant City, FL 33563	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	Plant City, FL 33563	
TITLE	CEO		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUMAR, ROGER		NAME	1104 E. Baker St.	
STREET ADDRESS	5100 W. HANNA		STREET ADDRESS	Plant City, FL 33563	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	Plant City, FL 33563	
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		
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>Carole Wright</u> S/T 1/26/08 813-27-8838 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					