


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # H43696
 1. Entity Name
 STARK TRUSS FLA., INC.



Principal Place of Business 109 MILES AVE SW POB 80469 CANTON, OH 44708 US	Mailing Address 109 MILES AVE SW POB 80469 CANTON, OH 44708 US
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)


4. FEI Number 59-2581195	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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  DATE 4/13/05
(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YODER, ABNER A. 940 KNOLLWOOD RD., N.W. CANTON, OH 44708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YODER, ESTHER 940 KNOLLWOOD RD., N.W. CANTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YODER, JAVAN 6962 MAPLERIDGE CIR NW CANTON, OH 44718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPILLMAN, WENDY J. 10395 SHEPLER CHURCH RD BOLIVAR, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YODER, STEPHAN E 2465 FALLEN OAK CIR NE MASSILLON, OH 44646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DICKEY, JANICE 4630 RIVERDALE RD BOLIVAR, OH

1000000328374
 04/25/05-80076-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 4/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #