,2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2006 8:00 am Secretary of State DOCUMENT # H43696 05-04-2006 90228 046 ***150.00 STARK TRUSS FLA., INC. Principal Place of Business Mailing Address **ԵՐՋՔԾՍՍ**ֆ 109 MILES AVE SW 109 MILES AVE SW POB 80469 POB 80469 CANTON, OH 44708 CANTON, OH 44708 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2581195 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE CD X Change ☐ Addition ☐ Delete TITLE YODER, ABNER A. NAME YODER, ABNER A. NAME 8310 GROSVENOR COURT 940 KNOLEWOOD RD., N.W. STREET ADDRESS STREET ADDRESS UNIVERSITY PARK, FL 34201 CANTON, OH 44708 CITY-ST-ZIP CITY-ST-ZIE TD TITLE Delete TITLE CD X Change ☐ Addition YODER, ESTHER NAME YODER, ESTHER NAME STREET ADDRESS 940 KNOLLWOOD RD., N.W. STREET ADDRESS 8310 GROSVENOR COURT CITY-ST-ZIP CANTON, OH CITY-ST-ZIP UNIVERSITY PARK, FL 34201 VPD ☐ Change TITLE Delete TITLE ☐ Addition YODER, JAVAN NAME 6962 MAPLERIDGE CIR NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CANTON, OH 44718 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SPILLMAN, WENDY J. NAME NAME STREET ADDRESS 10395 SHEPLER CHURCH RD STREET ADDRESS CITY-ST-ZIP BOLIVAR, OH CITY-ST-ZIP TITLE ☐ Delete TITLE X Change Addition NAME YODER, STEPHAN E NAME YODER, STEPHEN E. 2465 FALLEN OAK CIR NE STREET ADDRESS STREET ADDRESS 1683 MIDWAY ST NW CITY-ST-ZIP MASSILLON, OH 44646 CITY-ST-ZIP UNIONTOWN, OH 44685 TITLE ASD ☐ Delete TITLE ☐ Change ☐ Addition NAME DICKEY, JANICE NAME 4630 RIVERDALE RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP BOLIVAR, OH CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 with all othe like empowered

FILED

Daytime Phone #