

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 256613

**FILED**  
**Dec 19, 2006**  
**Secretary of State**

**Entity Name:** RIDGWAY ROOF TRUSS COMPANY

**Current Principal Place of Business:**

235 SW 11TH PLACE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1309  
GAINESVILLE, FL 32602

**New Mailing Address:**

**FEI Number:** 59-0999044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE LOSEN, KARL  
7520 N.W. 18TH AVENUE  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOSEN, KARL  
Address: 7520 N.W. 18TH AVE  
City-St-Zip: GAINESVILLE, FL 32605

Title: ST ( ) Delete  
Name: LOSEN, KAY S  
Address: 7520 N.W. 18TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VP ( ) Delete  
Name: LOSEN, WELLS S  
Address: 7520 N.W. 18TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: LOSEN, KARL  
Address: 7520 N.W. 18TH AVE  
City-St-Zip: GAINESVILLE, FL 32605

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: LOSEN, WELLS S  
Address: 2255 N.W. 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WELLS S. THE LOSEN

P

12/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date