



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 282380 1. Entity Name FLORIDA ROOF TRUSS COMPANY	
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Principal Place of Business 377 N.W. 14TH ST OCALA, FL 34478 US	Mailing Address P O BOX 1389 OCALA, FL 34478 US
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DO NOT WRITE IN THIS SPACE

	
01062004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-1053043	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 MOXON, HENRY J G 377 N W 14TH ST P O BOX 1389 OCALA, FL 32670	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOXON, HENRY JG 377 NW 14TH ST OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SWERARINGEN, DONALD G 377 NW 14TH ST OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOXON, MARJORIE 377 NW 14TH ST OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SWERARINGEN, MARJORIE A 377 NW 14TH ST OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: Henry J. G. Moxon, Pres. **HENRY J. G. MOXON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** **3/17/04** **352/732-2324**
Date Daytime Phone #