

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



Principal Place of Business Mailing Address
 377 N.W. 14TH ST P O BOX 1389
 OCALA, FL 34478 US OCALA, FL 34478 US

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

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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. **\$5.00** May Be Added to Fees

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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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 #