


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # 282380	
1. Entity Name FLORIDA ROOF TRUSS COMPANY	

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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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1053043	Applied For <input type="checkbox"/> 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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000477115
04/06/06-80039-012 150.00

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	TD MOXON, MARJORIE 377 NW 14TH ST OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWEDAINGEN, DONALD G 377 NW 14TH STREET OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWEDAINGEN, MARJOME A 377 N W 14TH STREET OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE: Henry J. G. Moxon, Pres. **HENRY J. G. MOXON, Pres.** 3/21/06 352/732-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #