

2004 FOR PROFIT CORPORATION ANNUAL REPORT


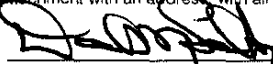
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Jan 20, 2004 8:00 am
Secretary of State

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01072004 Chg-P CR2E034 (10/03)

DOCUMENT # 313179					
1. Entity Name OWEN JOIST OF FLORIDA, INC					
Principal Place of Business C-100A LINCOLN CITY RD STARKE, FL 32091			Mailing Address POST OFFICE BOX 1046 DALLAS, TE 75221 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Dallas, TX 75221 US		
Zip	Country	Zip	Country	4. FEI Number 59-1160629	
				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			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEILING, CLYDE		NAME		
STREET ADDRESS	STEEL MILL RD		STREET ADDRESS		
CITY-ST-ZIP	SEGUIN, TX 78155		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RABIN, STANLEY A		NAME		
STREET ADDRESS	6565 N MACARTHUR BLVD., STE 800		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75039		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEDERLE, LOUIS		NAME		
STREET ADDRESS	6565 N MACARTHUR BLVD., STE 800		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75039		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUDBURY, DAVID M		NAME		
STREET ADDRESS	6565 N MACARTHUR BLVD., STE 800		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75039		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			David M. Sudbury, Secretary 1-7-04 214-689-4300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		