

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 542101

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** CENTRAL FLORIDA TRUSS, INC.

**Current Principal Place of Business:**

1500 N. HWY 17  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 455  
BARTOW, FL 33831 US

**New Mailing Address:**

**FEI Number:** 59-1761224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWELL, GARY  
815 MANN ROAD  
BARTOW, FL 33830 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** NEWELL, GARY NORMAN  
**Address:** 815 MANN RD  
**City-St-Zip:** BARTOW, FL 33830

**Title:** V  
**Name:** NEWEL, GARY S  
**Address:** PO BOX 455  
**City-St-Zip:** BARTOW, FL 33831

**Title:** V  
**Name:** NEWELL, STEVEN T  
**Address:** PO BOX 455  
**City-St-Zip:** BARTOW, FL 33831

I hereby 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 all other like empowered.

**SIGNATURE:** GARY NEWELL

PRES

01/04/2010

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

\_\_\_\_\_  
Date