

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 544889

1. Entity Name

TRUSCO MANUFACTURING COMPANY



Principal Place of Business

545 N.W. 68TH AVE.
OCALA, FL 34482 US

Mailing Address

545 N.W. 68TH AVE.
OCALA, FL 34482 US

DO NOT WRITE IN THIS SPACE



02032008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-1766092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, BRADLEY S
3959 NW 95TH AVE RD
OCALA, FL 34482

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME HARRIS, BRADLEY
STREET ADDRESS 3959 NW 95TH AVE RD
CITY-ST-ZIP Ocala, FL 34482

TITLE V
NAME HARRIS, WILLIAM
STREET ADDRESS 3947 NW 95TH AVE RD
CITY-ST-ZIP Ocala, FL 34482

TITLE VST
NAME HARRIS, BRUCE D
STREET ADDRESS 4101 NW 95TH AVE RD
CITY-ST-ZIP Ocala, FL 34482

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/15/08-80055-011 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/5/08 352-237-0311