

**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      Mailing Address  
 545 N.W. 68TH AVE.      545 N.W. 68TH AVE.  
 Ocala, FL 34482 US      Ocala, FL 34482 US

**DO NOT WRITE IN THIS SPACE**



02032008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1766092</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**HARRIS, BRADLEY S**  
 3959 NW 95TH AVE RD  
 Ocala, FL 34482

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

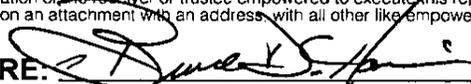
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, BRADLEY 3959 NW 95TH AVE RD OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, WILLIAM 3947 NW 95TH AVE RD OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HARRIS, BRUCE D 4101 NW 95TH AVE RD OCALA, FL 34482
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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 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:       Date: **02/5/08**      Daytime Phone #: **352-237-0311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR