

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 551821

FILED
Feb 09, 2005
Secretary of State

Entity Name: RIVERSIDE ROOF TRUSS, INC.

Current Principal Place of Business:

904 KIRBY ST
P.O. BOX 1739
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

904 KIRBY ST
P.O. BOX 1739
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 59-1774776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OBERMAN, SIDNEY E.
904 KIRBY ST
PALATKA, FL 32177 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: MD () Delete
Name: HERTLEIN, JACKIE
Address: 904 KIRBY ST
City-St-Zip: PALATKA, FL 32177

Title: STD () Delete
Name: OBERMAN, CONNIE J.,
Address: 904 KIRBY ST
City-St-Zip: PALATKA, FL 32177

Title: VD () Delete
Name: OBERMAN, JOSEPH E.,
Address: 904 KIRBY ST
City-St-Zip: PALATKA, FL 32177

Title: PD () Delete
Name: OBERMAN, SIDNEY E
Address: 904 KIRBY ST
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CONNIE OBERMAN

STD

02/09/2005

Electronic Signature of Signing Officer or Director

Date