

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000090

Entity Name: STARK TRUSS COMPANY, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

109 MILES AVE SW
CANTON, OH 44710

New Principal Place of Business:

Current Mailing Address:

109 MILES AVE SW
CANTON, OH 44710

New Mailing Address:

FEI Number: 34-1030967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DCEO () Delete
Name: YODER, ABNER A
Address: 109 MILES AVE SW
City-St-Zip: CANTON, OH 44710

Title: DT () Delete
Name: YODER, ESTHER
Address: 109 MILES AVE SW
City-St-Zip: CANTON, OH 44710

Title: DP () Delete
Name: YODER, STEPHEN
Address: 109 MILES AVE SW
City-St-Zip: CANTON, OH 44710

Title: DV () Delete
Name: YODER, JAVANEN L
Address: 109 MILES AVE SW
City-St-Zip: CANTON, OH 44710

Title: DS () Delete
Name: SPILLMAN, WENDYEN J
Address: 109 MILES AVE SW
City-St-Zip: CANTON, OH 44710

Title: DS () Delete
Name: DICKY, JANICE L
Address: 109 MILES AVE SW
City-St-Zip: CANTON, OH 44710

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:

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 exemption stated 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 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: LAURA CAMPBELL AGENT

ADM

04/25/2008

Electronic Signature of Signing Officer or Director

Date