2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000004017

1. Entity Name
TRUSSWAY PARTNERS, INC.



FILED
Jan 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

9411 ALCORN

HOUSTON, TX 77093 US

Mailing Address

9411 ALCORN

HOUSTON, TX 77093 L

CR2E034 (11/05)

4. FEI Number 84-1316294

01082007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

HOUSTON, TX 77093

HOUSTON, TX 77093

TIGHE, DAVID

9411 ALCORN

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No Cha-P

	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signalure, typed or printed name of registered agont and title	fapploable (NOTE Register	ed Ageni signatur	a required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees	U00000584837 01/12/07-80055-008 158.75	
10. OFFICERS AND DIRECTORS		TORS	I			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ADAMS, WILLIAM J 9411 ALCORN HOUSTON, TX 77093			4		
TITLE NAME STREET ADDRESS	S CHUNN, RONALD J 9411 ALCORN	•				

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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 of MMsIII other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY - ST - ZIP

TITLE NAME

THILE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

NG OFFICER OR DIRECTOR

CHUNN

1-8-07

713 691 6900