


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000004017		
1. Entity Name TRUSSWAY PARTNERS, INC.		

Principal Place of Business 9411 ALCORN HOUSTON, TX 77093 US	Mailing Address 9411 ALCORN HOUSTON, TX 77093 US
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DO NOT WRITE IN THIS SPACE

FILED  
08 JAN 17 PM 1:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1316294	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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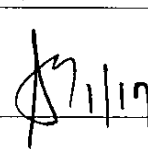
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ADAMS, WILLIAM J 9411 ALCORN HOUSTON, TX 77093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHUNN, RONALD J 9411 ALCORN HOUSTON, TX 77093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIGHE, DAVID 9411 ALCORN HOUSTON, TX 77093
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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:  - SECRETARY	1-4-08	713 691 6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #