

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06201

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: STANDARD TRUSS & ROOF SUPPLY, INC.

## Current Principal Place of Business:

% JAMES W. MCINTEE  
608 NO. 12TH ST.  
HAINES CITY, FL 33844

## New Principal Place of Business:

% JAMES W. MCINTEE  
608 N. 12TH ST.  
HAINES CITY, FL 33844

## Current Mailing Address:

% JAMES W. MCINTEE  
608 NO. 12TH ST.  
HAINES CITY, FL 33844

## New Mailing Address:

% JAMES W. MCINTEE  
608 N. 12TH ST.  
HAINES CITY, FL 33844

FEI Number: 59-2422312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCINTEE, JAMES W PRES.  
608 N. 12TH ST.  
HAINES CITY, FL 33844 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: PD ( ) Delete  
Name: MCINTEE, JAMES W  
Address: 15 B MOORE ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: VPD ( ) Delete  
Name: MCINTEE, DAVID J  
Address: 25145 RIDGEWAY DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: TD ( ) Delete  
Name: MCINTEE, STEVEN A  
Address: 2061 W LAKE HAMILTON DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD ( ) Delete  
Name: WOLKENHAUER, SHERYL A  
Address: 100 WOODLAND DRIVE  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MCINTEE, JAMES W  
Address: 15 B MOORE ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: VPD (X) Change ( ) Addition  
Name: MCINTEE, DAVID J  
Address: 2515 RIDGEWAY DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

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: SHERYL WOLKENHAUER

SD

04/18/2005

Electronic Signature of Signing Officer or Director

Date