

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06201

FILED
Apr 30, 2009
Secretary of State

Entity Name: STANDARD TRUSS & ROOF SUPPLY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: 2515 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: () 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: JAMES W. MCINTEE

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date