

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K43081

Entity Name: ARNOLD TRUSS CO., INC.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

2250 NW 42 STREET
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3598
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-2929430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, PAUL M SR
2250 NW 42 STREET
OCALA, FL 34475 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: P () Delete
Name: ARNOLD, PAUL M SR
Address: 3825 W ANTHONY RD
City-St-Zip: OCALA, FL 34479 US

Title: ST () Delete
Name: ARNOLD, KELI D
Address: 3825 W ANTHONY RD
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARNOLD, PAUL M SR
Address: 23644 N.E. 124TH PLACE ROAD
City-St-Zip: SALT SPRINGS, FL 32134 US

Title: ST (X) Change () Addition
Name: ARNOLD, KELI D
Address: 23644 N.E. 124TH PLACE ROAD
City-St-Zip: SALT SPRINGS, FL 32134

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: KELI D. ARNOLD

SEC

02/04/2009

Electronic Signature of Signing Officer or Director

Date