2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# N12923

Entity Name: SOUTH FLORIDA TRUSS AND COMPONENT MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business:

98 AZALEA CIRCLE
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

98 AZALEA CIRCLE
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 65-0038566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWSON, JOE
98 AZALEA CIRCLE
BOYNTON BEACH, FL 33436 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CRUZE, KIRK	
Address:	HALF MILE LUMBER 9500 W ATLANTIC AVE	
City-St-Zip:	DELRAY BEACH, FL	
Title:	S	( ) Delete
Name:	BECHT, BOB	
Address:	CHAMBERS TRUSS 3165 OLEANDER	
City-St-Zip:	FT PIERCE, FL 34982	
Title:	P	( ) Delete
Name:	BUCEK, KEN	
Address:	A-1 ROAS TRAVESS PO BOX 220	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	T	( ) Delete
Name:	LAWSON, JOE	
Address:	98 AZALEA CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL	
Title:	VP	( ) Delete
Name:	EVERT, SCOTT	
Address:	CHAMBERS TRUSS 3665 OLEANDER	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	D	( ) Delete
Name:	LAMBERT, BRAD	
Address:	SIMPSON STRONG TIE	
City-St-Zip:	MC KINNEY, TX 75069	

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:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE LAWSON T 01/18/2005

Electronic Signature of Signing Officer or Director — Date