


Attachment

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90009 013 ****61.25

DOCUMENT # N93000000415 1. Entity Name SOUTHEASTERN TRUSS MANUFACTURERS, INC.	
---	---

Principal Place of Business 1867 OLD TOMOKA RD ORMOND BEACH, FL 32174 US	Mailing Address PO BOX 730714 ORMOND BEACH, FL 32173-0714 US
--	--

DO NOT WRITE IN THIS SPACE

03312004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3165552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MULLINS, MIKE L
1867 OLD TOMOKA ROAD
ORMOND BEACH, FL 32174**

DO NOT WRITE
IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	MULLINS, MIKE L
STREET ADDRESS	1867 OLD TOMOKS RD
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	D
NAME	BURCAW, TERRY
STREET ADDRESS	13601 US HWY 41
CITY-ST-ZIP	SPRINGHILL, FL 34610
TITLE	D
NAME	COTANDA, DIONAL
STREET ADDRESS	1735 131ST AVE.
CITY-ST-ZIP	TAMPA, FL 33682
TITLE	DV
NAME	LACHAPPELLE, DOUG
STREET ADDRESS	2180 SANTA PAULA DR
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE L MULLINS DST **MARCH 31, 2004** 386-676-0669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #