2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State
05-01-2006 90296 004 ***150.00

DOCUMENT # P00000026439

1. Entity Name
STEELTIME TRUSS COMPANIES, INC.

Principal Place of Business	Mailing Address
PO BOX 579 LAND O LAKES, FL 34639	PO BOX 579 LAND O LAKES, FL 34639

DO NOT WRITE IN THIS SPACE

03312006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3633759

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~WILLIAMS, MELISSA B~~ WILLIAMS, HAROLD R,
~~9631 LAND O LAKES BLVD~~ ~~P.O. BOX 579~~
LAND O LAKES, FL 34639 4925 THORNBRIAR PL.
Land O'Lakes, FL 34639

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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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~PD~~
NAME	~~WILLIAMS, MELISSA B~~
STREET ADDRESS	~~PO BOX 579~~
CITY-ST-ZIP	~~LAND O LAKES, FL 34639~~

Remove

TITLE	VSTD, P
NAME	WILLIAMS, HAROLD R
STREET ADDRESS	~~PO BOX 579~~ 4925 THORNBRIAR PL.
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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