

**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.	
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Principal Place of Business PO BOX 579 LAND O LAKES, FL 34639	Mailing Address PO BOX 579 LAND O LAKES, FL 34639
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DO NOT WRITE IN THIS SPACE



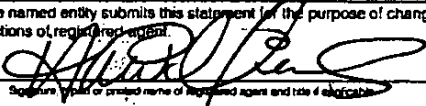
03312006 No Chg-P CR2E034 (11/06)

4. FEI Number 59-3633759	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent WILLIAMS, MELISSA B 9634 LAND O LAKES BLVD LAND O LAKES, FL 34639	WILLIAMS, HAROLD R. PO BOX 579 7925 THORNBERG PL. Land O Lakes, FL 34639
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**DO NOT WRITE
IN THIS SPACE**

6. 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.

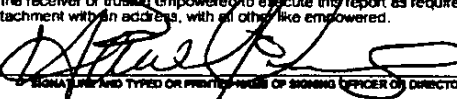
SIGNATURE  (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW WITH FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO WILLIAMS, MELISSA B PO BOX 579 LAND O LAKES, FL 34639 <i>Remove</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD, P WILLIAMS, HAROLD R PO BOX 579 7925 THORNBERG PL. LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:  Date _____ Daytime Phone # _____