## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2008 08:00 A Secretary of State

ANNUAL REPORT					Secretary of St			
1. Entity Nam					oci cia	ry or se		
ADVANT	AGE STEEL TRUSS, INC.							
	e of Business TIR ROAD, 100	Mailing Address 146 SW WISDOM WAY	1	1				
LAKE CITY, F		LAKE CITY, FL 32025			! <b>#</b> #11# 11#11 88111 88111 881	11 <b>00</b> 101 11001 1106 1003		
	O NOT WRITE	IN THIS SPA	CE	03022008	No Chg-P	CR2E034 (1		
h .				4. FEI Numb 80-003			Applied For Not Applicable	
100 pg 70				5. Certificate	of Status Desired		5 Additional equired	
	6. Name and Address of Current Re	gistered Agent						
BURLING/ 146 WISD	AME, CURT OM WAY			DO	NOT W	RITE		
LAKE CIT	Y, FL 32025		, m	. IN ;	THIS SF	ACE		
			1 1 1 1 1 1 1					
	named entity submits this statement for the	e purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am familia	r with, and accept	
SIGNATURE.						<u>,</u>		
	Signature, typed or printed name of registered agent and	trile if applicable. (NOTE: Pegistere	ed Agent signature required	d when reinstating)	Honoria	0ATE 1992281		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>		.00 May Be		.003201 -80073-021	150.00	
10.	OFFICERS AND DIE							
		RECTORS	The transfer of the same					
TITLE NAME	P BURLINGAME, CURT	PECTORS	grand Maria Maria					
	Р	L RECTORS						
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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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #