

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90160 031 \*\*\*150.00

**DOCUMENT # P93000006517**

1. Entity Name  
**ATLANTIC TRUSS COMPANY**



Principal Place of Business  
**850 NORTHWEST 61 STREET  
FORT LAUDERDALE, FL 33309 US**

Mailing Address  
**850 NORTHWEST 61 STREET  
FORT LAUDERDALE, FL 33309 US**

**J0004J040**

2. Principal Place of Business  
**2700 W CYPRESS CREEK RD  
Suite, Apt. #, etc.  
D-122  
City & State  
FT LAUDERDALE, FL  
Zip  
33309 Country  
USA**

3. Mailing Address  
**2700 W CYPRESS CREEK RD  
Suite, Apt. #, etc.  
D-122  
City & State  
FT LAUDERDALE, FL  
Zip  
33309 Country  
USA**



02152005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0383157**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ASMUS, STEWART  
135 NW 99TH WAY  
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ASMUS, STEWART 135 NORTHWEST 99TH WAY CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TUCKER, CLARUCE 11880 TARA DRIVE PLANTATION, FL 3325</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2700 W CYPRESS CREEK RD D-122 FT LAUDERDALE, FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **Stewart Asmus**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEWART ASMUS  
PRESIDENT**

**3/4/05** **954-491-3310**  
Date Daytime Phone #