

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000079290



1. Entity Name

FLORIDA TRUSS, INC.

2. Principal Place of Business

BLDG 405
BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830

Mailing Address

BLDG 405
BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830



3. Principal Place of Business

3. Mailing Address

4. State

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

5. State

City & State

4. FEI Number

59-3418664

Applied For
Not Applicable

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELPH, TIM
BLDG 405
BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830

Name

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

City

FL

Zip Code

8. I, 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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Check Payable to Florida Department of State

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 10

10	NAME	TITLE	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
10	DELPH, TIM		BLDG 405 BARTOW MUNICIPAL AIRPORT	BARTOW FL 33830	<input type="checkbox"/> Delete
10					<input type="checkbox"/> Delete
10					<input type="checkbox"/> Delete
10					<input type="checkbox"/> Delete
10					<input type="checkbox"/> Delete
10					<input type="checkbox"/> Delete
10					<input type="checkbox"/> Delete

11	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
11					<input type="checkbox"/> Change <input type="checkbox"/> Add
11					<input type="checkbox"/> Change <input type="checkbox"/> Add
11					<input type="checkbox"/> Change <input type="checkbox"/> Add
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11					<input type="checkbox"/> Change <input type="checkbox"/> Add

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01/30/06-80021-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information contained 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 this 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

TIM DELPH

1/20/2006 (863) 533-0155