

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90065 030 ***150.00

DOCUMENT # P96000100467

1. Entity Name
MOUNTAIN TRUSS CO., INC.



Principal Place of Business
**P.O. BOX 555849
ORLANDO, FL 32855-5849 US**

Mailing Address
**717 E. OAK ST.
KISSIMMEE, FL 34744 US**

24051321



04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

28240 Lake Industrial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3416356

Applied For
Not Applicable

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

City & State
Tavares, FL

City & State

Zip
32778

Country
US

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUMRUK, ANDY J
717 E OAK STREET
KISSIMMEE, FL 34744**

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, 2004 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
**VSTD
MICHAEL, KEVIN
1649 SHADOW OAKS RD
KISSIMMEE, FL 34744** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1228 Hempel Avenue
Gotha, FL 34734** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MICHAEL, KYLE
12862 NEW YORK WOODS CIRCLE
ORLANDO, FL 32824** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5550 PGA Blvd. Apt. 5118
Orlando, FL 32839** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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NAME
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CITY-ST-ZIP
☐ Change ☐ 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: *[Signature]* **President**

4-19-04

321303-8941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #