

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90476 044 \*\*\*150.00

<b>DOCUMENT # P96000100467</b>					
<b>1. Entity Name</b> MOUNTAIN TRUSS CO., INC.					
<b>Principal Place of Business</b> 28240 LAKE INDUSTRIAL BLVD TAVARES, FL 32778 US			<b>Mailing Address</b> 717 E. OAK ST. KISSIMMEE, FL 34744 US		
<b>2. Principal Place of Business</b> 12647 Arley Drive		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Windermere, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3416356	
<b>Zip</b> 34786		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BAUMRUK, ANDY J 717 E OAK STREET KISSIMMEE, FL 34744			<b>7. Name and Address of New Registered Agent</b> Name: Kevin Michael Street Address (P.O. Box Number is Not Acceptable): 12647 Arley Drive City: Windermere FL Zip Code: 34786		
<b>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.</b> SIGNATURE:  DATE: 4-28-05					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MICHAEL, KEVIN 1228 HEMPEL AVENUE GOTHA, FL 34734		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12647 Arley Drive Windermere, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL, KYLE 5550 PGA BLVD. APT. 5118 ORLANDO, FL 32839		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael Kyle 508 N. Florida Ave Honey-math-Hills FL 34737	
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	
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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b>			Date: 4-28-05 Daytime Phone #: 321 303 8940		