2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P97000040196 1. Entity Name PANHANDLE TRUSS COMPANY, INC. Principal Place of Business Mailing Address 4229 HIGHWAY 90 4229 HIGHWAY 90 PACE, FL 32571 PACE, FL 32571 03282005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3443381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent HENRY, EDWIN DO NOT WRITE 4229 HIGHWAY 90 PACE, FL 32571 IN THIS SPACE 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. [NOTE Registered Agent signature required when roinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **EDWIN HENRY** NAME STREET ADDRESS 4229 HWY 90 PACE, FL 32571 CITY-ST-ZIP UDDDD00311976 U4/18/US-80066-010 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of the receiver of truefled 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:

NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OF

FILED