

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655165

FILED
Apr 15, 2009
Secretary of State

Entity Name: MULLET'S ALUMINUM PRODUCTS, INC.

Current Principal Place of Business:

905 PONDER AVENUE
SARASOTA, FL 342326632 US

New Principal Place of Business:

Current Mailing Address:

905 PONDER AVENUE
SARASOTA, FL 342326632 US

New Mailing Address:

FEI Number: 59-1973181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLET, FREEMAN
905 PONDER AVE.
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MULLET, ROBERT A.
Address: 4731 10TH STREET
City-St-Zip: SARASOTA, FL 34232

Title: PD () Delete
Name: MULLET, FREEMAN
Address: 15700 SUGAR BOWL RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: DS () Delete
Name: MULLET, SANDRA FAYE
Address: 15700 SUGAR BOWL RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: DVP () Delete
Name: MULLET, TRAVIS
Address: 15700 SUGAR BOWL RD.
City-St-Zip: MYAKKA CITY, FL 34251

Title: DVP () Delete
Name: COBLENTZ, JAY A
Address: 6511 MCKOWN RD.
City-St-Zip: SARASOTA, FL 34240

Title: T () Delete
Name: SHAW, LENETTE
Address: 16431 WINBURN PLACE
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: MULLET, TRAVIS
Address: 15600 SUGAR BOWL RD.
City-St-Zip: MYAKKA CITY, FL 34251

Title: DVP (X) Change () Addition
Name: COBLENTZ, JAY A
Address: 1788 PALM VIEW RD.
City-St-Zip: SARASOTA, FL 34240

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREEMAN MULLET

PD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date