

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90720 036 ***150.00

DOCUMENT # P98000082879

1. Entity Name

HOSS & SON BEST BUY ALUMINUM, INC.



Principal Place of Business

3235 SE HWY 441
OKEECHOBEE, FL 34974

Mailing Address

3235 HWY. 441 S.E.
OKEECHOBEE, FL 34974

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0868671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAUPIN, PATSY H
2331 S.E. 23RD TERR.
OKEECHOBEE, FL 34974

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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

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

TITLE	DP
NAME	MAUPIN, NORMAN HOSS
STREET ADDRESS	3235 HWY. 441 S.E.
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	DV
NAME	MARSHALL MAUPIN, NORMAN
STREET ADDRESS	3235 HWY. 441 S.E.
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	DST
NAME	MAUPIN, PATSY H
STREET ADDRESS	3235 HWY. 441 S.E.
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #