


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90051 034 ***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 SE 2428 SW 18th OKEECHOBEE, FL 34974
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03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0868671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAUPIN, PATSY H 2301 S.E. 23RD TERR OKEECHOBEE, FL 34974 2428 SW 18th Terr

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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAUPIN, NORMAN HOSS 3235 HWY. 441 S.E. OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARSHALL MAUPIN, NORMAN 3235 HWY. 441 S.E. OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MAUPIN, PATSY H 3235 HWY. 441 S.E. OKEECHOBEE, FL 34974
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Patsy H. Maupin</i>	3-31-05	(863) 467-7003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #