

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90032 001 ***150.00

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02122006 Chg-P CR2E034 (11/05)

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	
2. Principal Place of Business 4190 Hwy 441 SE Suite, Apt. #, etc.		3. Mailing Address 7521 SW 13th ST. Suite, Apt. #, etc.	
City & State Okeechobee, FL.		City & State Okeechobee, FL.	
Zip 34974		Zip 34974	
Country Okeechobee		Country Okeechobee	
4. FEI Number 65-0868671		Applied For <input type="checkbox"/> 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 2428 SW 18TH TERR OKEECHOBEE, FL 34974		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 7521 SW 13th St City Okeechobee FL Zip Code 34974	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAUPIN, NORMAN HOSS 3235 HWY. 441 S.E. OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARSHALL MAUPIN, NORMAN 3235 HWY. 441 S.E. OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MAUPIN, PATSY H 3235 HWY. 441 S.E. OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 2-13-06		Daytime Phone # (863) 634-7442	