

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 655165

**Entity Name:** MULLET'S ALUMINUM PRODUCTS, INC.**Current Principal Place of Business:**6345 MCINTOSH RD  
SARASOTA, FL 34238-2712**Current Mailing Address:**6345 MCINTOSH RD  
SARASOTA, FL 34238-2712 US**FEI Number: 59-1973181****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MULLET, FREEMAN  
6345 MCINTOSH RD.  
SARASOTA, FL 34238-2712 US*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**Officer/Director Detail :**

Title DIRECTOR, CEO  
Name MULLET, FREEMAN  
Address 15700 SUGAR BOWL RD  
City-State-Zip: MYAKKA CITY FL 34251

Title DIRECTOR  
Name MULLET, SANDRA F  
Address 6561 BAYOU HAMMOCK RD  
City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR, PRESIDENT  
Name MULLET, TRAVIS G  
Address 15207 SANDY COURT  
City-State-Zip: MYAKKA CITY FL 34251

Title DIRECTOR, VP  
Name COBLENTZ, JAY A  
Address 6738 W COUNTRY CLUB LN  
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR  
Name SHAW, LENETTE F  
Address 16431 WINBURN PL  
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR, SECRETARY  
Name JACKSON, STASHA D  
Address 15600A SUGAR BOWL RD.  
City-State-Zip: MYAKKA CITY FL 34251

Title DIRECTOR, TREASURER  
Name WILSON, TILER F  
Address 1542 FOX CREEK DR.  
City-State-Zip: SARASOTA FL 34240

*I hereby 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 all other like empowered.*

**SIGNATURE: TILER WILSON****DIRECTOR/TREASURER****06/12/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date