

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655165

Entity Name: MULLET'S ALUMINUM PRODUCTS, INC.**Current Principal Place of Business:**905 PONDER AVENUE
SARASOTA, FL 34232-6632**Current Mailing Address:**905 PONDER AVENUE
SARASOTA, FL 34232-6632 US**FEI Number:** 59-1973181**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MULLET, FREEMAN
905 PONDER AVE.
SARASOTA, FL 34232 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	DP
Name	MULLET, FREEMAN
Address	15700 SUGAR BOWL RD
City-State-Zip:	MYAKKA CITY FL 34251

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

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

Title	DS
Name	MULLET, SANDRA F
Address	15700 SUGAR BOWL RD
City-State-Zip:	MYAKKA CITY FL 34251

Title	DVP
Name	COBLENTZ, JAY A
Address	1788 PALM VIEW RD.
City-State-Zip:	SARASOTA FL 34240

Title	D
Name	JACKSON, STASHA D
Address	7810 WACHULA RD.
City-State-Zip:	MYAKKA CITY FL 34251

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: LENETTE SHAW**TREASURER****04/19/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date