


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P29857 1. Entity Name AAUSTIN ENTERPRISES, INC.	
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Principal Place of Business 25299 BREST RD TAYLOR, MI 48180 US	Mailing Address 25299 BREST RD TAYLOR, MI 48180 US
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**DO NOT WRITE IN THIS SPACE**



05102005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1300896	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

MARTIN MANTILLA  
3210 CARLTON  
LAKELAND, FL 33803

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCLOE, ANN 25299 BREST ROAD TAYLOR, MI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCLOE, GARRY 25299 BREST ROAD TAYLOR, MI
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UD0000377703  
09/07/05-80008-015 150.00

**DO NOT WRITE  
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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: Ann McCloe 5-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #