·05.

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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חחרו	INTENIT	Г # 250533	
DUCL	ו או⊐ועוי	# Z00000	

1. Entity Name

AUSTIN INVESTMENT COMPANY, INC.



Principal Place of Business

1211 N WESTSHORE BLVD

STE 700

TAMPA, FL 33607 US

Mailing Address

1211 N WESTSHORE BLVD

STE 700 TAMPA, FL 33607

7 US

FILED Apr 09, 2007 08:00 A Secretary of State



 \Box

03292007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0975112

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, ALFRED S 1211 N WESTSHORE BLVD STE 700 TAMPA, FL 33607

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8. The above named the obligations of r	entity submits this statement for the pregistered agent.	ourpose of changing its re	gistered office or	registered agent, or bo	th, in the State of Florida. I am fami	liar with, and accept
SIGNATURE					the second section is	•
Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)					DATE	the second section is the second
	Will FEE IS \$150.00 2007 Fee will be \$550.00	Election Campaign Trust Fund Contrib	Financing ution.	\$5.00 May Be Added to Fees	State of the state	- '
10.	OFFICERS AND DIRECTORS			and the same of th		
TITLE PD						• .

10. OFFICERS AND DIRECTORS

ITTLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TAMPA, FL 33607

ITTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000695569 04/17/07-80065-008 150.00

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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

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

TITLE
NAME
STREET ADDRESS

Smill-Ellett

RONALD L. ELLETT

-3/30/0-

813-229 3881

e Daytime