


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90027 002 \*\*\*150.00

**DOCUMENT # 279776**

1. Entity Name  
 DEPOT PLACE, INC.



Principal Place of Business  
 200 BARRY CT  
 C/O JAMES M. AUSTIN JR.  
 LONGWOOD, FL 32779 US

Mailing Address  
 200 BARRY CT  
 C/O JAMES M. AUSTIN JR.  
 LONGWOOD, FL 32779 US

40114943



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 c/o Sheri J. Austin

3. Mailing Address  
 Suite, Apt. #, etc.  
 c/o Sheri J. Austin

05142007 Chg-P CR2E034 (12/06)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
 59-1083397

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, JAMES M JR  
 200 BARRY CT  
 LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name  
 Sheri J. Austin

Street Address (P.O. Box Number is Not Acceptable)  
 200 Barry Ct

City  
 Longwood FL Zip Code  
 32779

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: Sheri J. Austin DATE: 5/14/07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>AUSTIN, JAMES M JR<br>200 BARRY CT<br>LONGWOOD, FL 32779 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>AUSTIN, SHERI J<br>200 BARRY CT<br>LONGWOOD, FL 32779   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SORN, GEORGE F<br>4530 FONTANA ST<br>ORLANDO, FL 32807   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Sheri J. Austin<br>200 Barry Ct<br>Longwood, FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: Sheri J. Austin DATE: 5/14/07 DAYTIME PHONE #: 4078625725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

**Depot Place, Inc.**

200 Barry Court  
Longwood, FL 32779

40114943  
# 279776

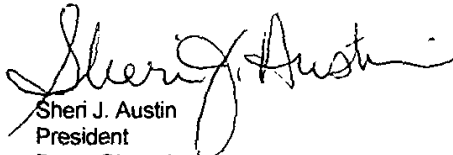
May 14, 2007

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Dear Sir or Madam:

I am writing to ask that the late fee for the corporation annual report filing be waived. Sadly, my husband and President of Depot Place Inc. passed away 1/1/07. The date got past me due to a potential sale of the business and just dealing with the overwhelming loss of my husband. Enclosed is a check for \$150.00. If the late fee cannot be waived by this request, please contact me at 407-862-5725 for the additional fee of \$400.00. I appreciate your consideration for this request.

Sincerely,

  
Sheri J. Austin  
President  
Depot Place, Inc.

enclosure: Death Certificate  
Check  
Report

STATE OF FLORIDA

ATTACHMENT  
OFFICE of VITAL STATISTICS

CERTIFIED COPY

40114943  
# 279776

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) James M. Austin, Jr. 2. SEX Male

3. DATE OF BIRTH (Month, Day, Year) September 4, 1957 4a. AGE - Last Birthday (Years) 49 4b. UNDER 1 YEAR Months Days 4c. UNDER 1 DAY Hours Minutes 5. DATE OF DEATH (Month, Day, Year) January 1, 2007

6. SOCIAL SECURITY NUMBER 265-29-6515 7. BIRTHPLACE (City and State or Foreign Country) Orlando, Florida 8. COUNTY OF DEATH Seminole

9. PLACE OF DEATH HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival  
NON-HOSPITAL: Hospice Facility Nursing Home/Long Term Care Facility  Decedent's Home Other (Specify)

10. FACILITY NAME (If not institution, give street address) 200 Barry Court 11a. CITY, TOWN, OR LOCATION OF DEATH Longwood 11b. INSIDE CITY LIMITS? Yes  No

12. MARITAL STATUS (Specify)  Married, but Separated  Widowed  Divorced  Never Married 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Sheri Jacobs

14a. RESIDENCE - STATE Florida 14b. COUNTY Seminole 14c. CITY, TOWN, OR LOCATION Longwood

14d. STREET ADDRESS 200 Barry Court 14e. APT. NO. 14f. ZIP CODE 32779 14g. INSIDE CITY LIMITS? Yes  No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") Manager 15b. KIND OF BUSINESS/INDUSTRY Communications

16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered themselves to be. More than one race may be specified.)  White (Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Is. (Specify) Other (Specify))

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Yes (If Yes, specify)  No Mexican Puerto Rican Cuban Central/South American Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)  8th or less  High school but no diploma  High school diploma or GED  College but no degree College degree (Specify): Associate Bachelor's Master's Doctorate  Yes  No

19. WAS DECEDENT EVER IN U.S. ARMED FORCES?  Yes  No

20. FATHER'S NAME (First, Middle, Last, Suffix) James Martin Austin, Sr. 21. MOTHER'S NAME (First, Middle, Maiden Surname) Karen Emmerick

22a. INFORMANT'S NAME Sheri Austin 22b. RELATIONSHIP TO DECEDENT Wife 23a. INFORMANT'S MAILING - STATE Florida

23b. CITY OR TOWN Longwood 23c. STREET ADDRESS 200 Barry Court 23d. ZIP CODE 32779

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Baldwin-Fairchild Crematory 25a. LOCATION - STATE Florida 25b. LOCATION - CITY OR TOWN Orlando

26a. METHOD OF DISPOSITION Burial Entombment  Cremation Donation Removal from State Other (Specify)

26b. IF CREMATION, DONATION OR BURIAL AT SEA WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes  No 27a. LICENSE NUMBER (of Licenses) 4210 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]

28. NAME OF FUNERAL FACILITY Baldwin-Fairchild Funeral Home 29a. FACILITY'S MAILING - STATE Florida

29b. CITY OR TOWN Altamonte Springs 29c. STREET ADDRESS 622 W. St. Rt. 436 29d. ZIP CODE 32714

30. CERTIFIER:  Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one)  Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier) A. Zakari 31b. DATE SIGNED (mm/dd/yyyy) 0240 32. TIME OF DEATH (24 hr.) 0240 33. MEDICAL EXAMINER'S CASE NUMBER

34a. LICENSE NUMBER of Certifier 0090331 34b. CERTIFIER'S NAME DR. Ahmed Zakari 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) DR.

36a. CERTIFIER'S - STATE FL 36b. CITY OR TOWN Orlando 36c. STREET ADDRESS 2501 N. Orange Ave. ST 280 36d. ZIP CODE 32804

37. SUBREGISTRAR - Signature and Date Amanda Cook 1/4/07 38a. LOCAL REGISTRAR - Signature Amanda B. Witt, COB 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) January 5, 2007

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

MEDICAL CERTIFIER

VOID IF ALTERED OR ERASED

*Michael J. Noyes*  
DOH-SEMINOLE AND LOCAL REGISTRAR

*CSW*  
1/5/2007

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



WARNING:

SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1948 (08-04)



CERTIFICATE OF VITAL RECORD

