

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 292502**

1. Entity Name  
**AUSTIN GROVES, INC.**



Principal Place of Business  
**241 N. DILLARD ST.  
WINTER GARDEN, FL 34787**

Mailing Address  
**P.O. BOX 770606  
WINTER GARDEN, FL 34777-0606**



03022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1099657**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AUSTIN, L.M., JR.  
241 NORTH DILLARD STREET  
WINTER GARDEN, FL 34787**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	AUSTIN, L.M. III
STREET ADDRESS	241 N. DILLARD ST.
CITY-STATE-ZIP	WINTER GARDEN, FL
TITLE	D
NAME	AUSTIN, N.M.
STREET ADDRESS	P.O. BOX 10
CITY-STATE-ZIP	CHIMNEY ROCK, NC 28720
TITLE	S
NAME	AUSTIN, B.R.
STREET ADDRESS	132 E. TILDEN ST.
CITY-STATE-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000457139  
03/16/06-80058-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]*

3/3/06