2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 382248

1. Entity Name
AUSTIN & SON AUTO ELECTRIC, INC.



FILED Jan 27, 2006 08:00 AN Secretary of State

Principal Place of Business 3909 FLORIDA AVE TAMPA, FL 33603 US Mailing Address 3909 FLORIDA AVE TAMPA, FL 33603 US

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-1351600 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

HASPEL, WILLIAM 4744 SCHOOL RD LAND O LAKES, FL 34639

SIGNATURE

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.	

(NOTE, Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees 000000402577 02/03/06-80013-013 150.00

OFFICERS AND DIRECTORS 10. TITLE HENDERSON, MICHAEL NAME 2205 PRINCESS WAY STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 NAME HASPEL, WILLIAM STREET ADDRESS 4744 SCHOOL RD CITY-ST-ZIP LAND O LAKES, FL 34639 ST MLE HASPEL, WILLIAM NAME 4744 SCHOOL RD STREET ADDRESS CITY-ST-ZIP LAND O LAKES, FL 34639 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAASE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 AND WELDER PRINTED NAME OF SUNDING THERET OF DIRECTOR

813-229-1474

Daytime Phone #