


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 382248
 1. Entity Name
AUSTIN & SON AUTO ELECTRIC, INC.



Principal Place of Business 3909 FLORIDA AVE TAMPA, FL 33603 US	Mailing Address 3909 FLORIDA AVE TAMPA, FL 33603 US
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1351600	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
HASPEL, WILLIAM
 4744 SCHOOL RD
 LAND O LAKES, FL 34639

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, MICHAEL 2205 PRINCESS WAY BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HASPEL, WILLIAM 4744 SCHOOL RD LAND O LAKES, FL 34839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HASPEL, WILLIAM 4744 SCHOOL RD LAND O LAKES, FL 34839
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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 fee empowered.

SIGNATURE: Michael Henderson **1-15-08** **813-229-1474**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Michael Henderson