2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 21, 2005 08:00 AM Secretary of State **DOCUMENT # 556148** GEORGE H. AUSTIN, INC. Principal Place of Business Mailing Address 21141 PALM BEACH BLVD P. O. BOX 8 ALVA, FL 33920 US HIGHWAY 80 ALVA, FL 33920 ... US 04182005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1789938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent AUSTIN, GEORGE H. DO NOT WRITE 21141 PALM BEACH BLVD ALVA, FL 33920 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE AUSTIN, GEORGE H. NAME HIGHWAY 80 P O DRAWER 8 STRETT ADDRESS CITY-ST-ZIP ALVA, FL U00000319696 04/21/05-80006-018 150.00 TITLE TD AUSTIN, GEORGE H. NAME HIGHWAY 80 P O DRAWER 8 STREET ADDRESS CITY-ST-ZIP ALVA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplier ental 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 occiver 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.

George H. Austin

NATURIL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-18-05

Date

239-694-5538

Daytime Phone #