2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2006 08:00 AM Secretary of State **DOCUMENT # 556148** 1. Entity Name GEORGE H. AUSTIN, INC. Principal Place of Business Mailing Address 21141 PALM BEACH BLVD P. Q. BOX 8 ALVAL FL 33920 US HIGHWAY 80 ALVA, FL 33920 US. 03272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1789938 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AUSTIN, GEORGE H. 21141 PALM BEACH BLVD DO NOT WRITE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE s. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May 8e Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 TITLE PD AUSTIN, GEORGE H. NAME STREET AGORESS HIGHWAY 80 P O DRAWER 8 U00000487072 CITY-ST-27 ALVA, FL 04/13/06-80062-014 150.00 TD TITLE AUSTIN, GEORGE H. NAME HIGHWAY 80 P O DRAWER 8 STREET ADDRESS CITY-57-21P ALVA, FL ROLE STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST- OP

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 direction 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 changed, or on an affairment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-DP

> George H. Austin LE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-292-3885

FILED

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