## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

## May 26, 2004 8:00 am Secretary of State **DOCUMENT #558380** 05-26-2004 90004 009 \*\*\*150.00 ALFRED S. AUSTIN, CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 1211 N. WESTSHORE BLVD 1211 N. WESTSHORE BLVD 44045992 STE. 700 STE. 700 TAMPA, FL 33607 TAMPA, FL 33607 04052004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-0828108 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AUSTIN, ALFRED S. DO NOT WRITE 1211 N. WESTSHORE BLVD **STE 700** IN THIS SPACE TAMPA, FL 3360 8. The above named antity 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, biped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD 🔗 💇 TITLE AUSTÍN, AFRED S. NAME 1211 N. WESTSHORE BLVD, STE. 700 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KONALO L. ELLETT

**FILED**