


75 FL Dept of St.

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 558380 1. Entity Name ALFRED S. AUSTIN, CONSTRUCTION CO., INC.	
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FILED

05 MAY -9 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1211 N. WESTSHORE BLVD
STE. 700
TAMPA, FL 33607 US

Mailing Address
1211 N. WESTSHORE BLVD
STE. 700
TAMPA, FL 33607 US



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0828108	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

AUSTIN, ALFRED S.
1211 N. WESTSHORE BLVD
STE 700
TAMPA, FL 33607

**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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD AUSTIN, ALFRED S. 1211 N. WESTSHORE BLVD. STE. 700 TAMPA, FL 33607
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05/05/05--01008--021 **641.25

**DO NOT WRITE
IN THIS SPACE**

85/16

\$150.00

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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Ellett
RONALD L. ELLETT

Date

3/28/05 813289388

Daytime Phone #