


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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

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| 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 |
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04062006 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-0828108 | Applied For Not Applicable |
| 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 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000507250
04/27/06-80056-019 150.00

| 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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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 filers empowered.

SIGNATURE: Alfred S. Austin 4/06/06 813/289-3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #