## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #558380**

1. Entity Name

ALFRED S. AUSTIN, CONSTRUCTION CO., INC.



FILED Apr 09, 2007 08:00 A Secretary of State

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



03292007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0828108

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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					
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	is the state of th
10.	OFFICERS AND DIREC	CTORS	T		The same of the sa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTIN, ALFRED S. 1211 N. WESTSHORE BLVD. STE. 70 TAMPA, FL 33607	00			U00000695020 04/17/07-80045-004 150.00
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					

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 like empowered.

KONALDL

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2407 - 8/32

Daytime Phone #