

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # H54703

1. Entity Name

J. E. AUSLEY CONSTRUCTION CO., INC.



Principal Place of Business

PETERSON ROAD & MAGNOLIA AVENUE
P.O. BOX 129
ISTACHATTA FL 34636

Mailing Address

PETERSON ROAD & MAGNOLIA AVENUE
P.O. BOX 129
ISTACHATTA FL 34636



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2551053

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

AUSLEY, OPAL
PETERSON ROAD AND MAGNOLIA AVENUE
ISTACHATTA FL 34636

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 changing agent)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME AUSLEY, OPAL
STREET ADDRESS 28243 MAGNON DR.
CITY-ST-ZIP ISTACHATTA FL 34636

TITLE D ☐ Delete
NAME AUSLEY, JAMES DENNIS
STREET ADDRESS 28253 MAGNON DR.
CITY-ST-ZIP ISTACHATTA FL 34636

TITLE D ☐ Delete
NAME AUSLEY, TERESA ANN
STREET ADDRESS 28253 MAGNON DR.
CITY-ST-ZIP ISTACHATTA FL 34636

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000827807
CITY-ST-ZIP 02/22/08-80005-007 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Opal Ausley Opal Ausley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08

Date

352-799-5508

Daytime Phone #