

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90029 016 ***150.00

DOCUMENT # J04770

1. Entity Name

AUSKEN SOUTH, INC.



Principal Place of Business

860 PORTERFIELD ROAD
LABELLE FL 33935
US

Mailing Address

860 PORTERFIELD ROAD
LABELLE FL 33935
US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2669575

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYLESWORTH, JEAN
860 PORTERFIELD RD
LABELLE FL 33935

Name

Georgene Vairo

Street Address (P.O. Box Numbers Not Acceptable)

860 Porterfield Rd

City

Labelle

FL

Zip Code

33935

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

Vice President

1/31/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	AYLESWORTH, E JEAN	
STREET ADDRESS	860 PORTERFIELD RD - P.O. BOX 2859	
CITY - ST - ZIP	LABELLE FL 33935-2859	
TITLE	President	<input type="checkbox"/> Delete
NAME	VAIRO, ROBERT	
STREET ADDRESS	P.O. BOX 123 N/A	
CITY - ST - ZIP	LONG EDDY NY 12760	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Vairo, Georgene	
STREET ADDRESS	244 Las Alturas, Santa Barbara CA	
CITY - ST - ZIP	93103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	P President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vairo, Robert	
STREET ADDRESS	PO Box 123	
CITY - ST - ZIP	Long Eddy NY 12760	
TITLE	V: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vairo, Georgene	
STREET ADDRESS	244 Las Alturas	
CITY - ST - ZIP	Santa Barbara CA, 93103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

1/31/07

Daytime Phone #