

01 Fl, Dept of ST  
**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # L47199**

1. Entity Name  
**THE A.S. AUSTIN COMPANY**



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

FILED

05 MAY -9 PM 5: 16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



03252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3003074**

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 33707

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>AUSTIN, ALFRED S.<br>1211 N WESTSHORE BLVD STE # 700<br>TAMPA, FL 33607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GUAGLIARDO, NELSON<br>1211 N WESTSHORE BLVD STE # 700<br>TAMPA, FL 33607   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

800053898558  
 05/05/05--01008--021 \*\*\$41.25

**DO NOT WRITE  
 IN THIS SPACE**

*05/16*  
*\$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

Date

Daytime Phone #

*Ronald L. Ellett* **RONALD L. ELLETT** 3/28/05 813 2893886