

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/2

FILED
May 20, 2008 8:00 am
Secretary of State

04-21-2008 90053 034 ***150.00

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**

66011095



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3003074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/08 813 289 3886