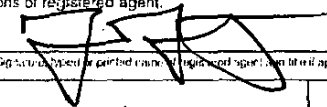
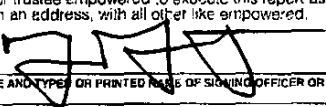


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91245 007 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

94083244

DOCUMENT # L83897			
1. Entity Name AUSTIN ENTERPRISES, INC.			
Principal Place of Business 1970 48TH STREET SW NAPLES, FL 34116		Mailing Address 1970 48TH STREET SW NAPLES, FL 34116	
2. Principal Place of Business 5379 MYRTLE LN		3. Mailing Address 5379 MYRTLE LN	
Suite, Apt. #, etc. NAPLES, FL.		Suite, Apt. #, etc.	
City & State		City & State NAPLES, FL.	
Zip 34113	Country COLLIER	Zip 34113	Country COLLIER
4. FEI Number 65-0403948		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04282004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent AUSTIN, JOHN R. 5048 18TH AVENUE S.W. NAPLES, FL 33999		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  DATE 4-30-04 Signature typed or printed name of registered agent is not applicable (NOTE: Registered Agent signature required when amending)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, JOHN R. 1970 48TH ST. SW NAPLES, FL 34116 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE: 4-30-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	