

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90044 017 \*\*\*150.00

DOCUMENT # L83897

1. Entity Name

AUSTIN ENTERPRISES, INC.



Principal Place of Business

5379 MYRTLE LANE  
NAPLES FL 34113

Mailing Address

5379 MYRTLE LANE  
NAPLES FL 34113



2. Principal Place of Business

4421 13TH AVE S.W.  
Suite, Apt. #, etc.  
NAPLES  
City & State  
FL

3. Mailing Address

4421 13TH AVE S.W.  
Suite, Apt. #, etc.  
NAPLES  
City & State  
FL

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0403948

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, JOHN R.  
5379 MYRTLE LANE  
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name  
AUSTIN JOHN R.  
Street Address (P.O. Box Number is Not Acceptable)  
4421 13TH AVE S.W.  
City  
NAPLES FL Zip Code  
34116

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 if applicable

JOHN R. AUSTIN (PRES.)

(NOTE: Registered Agent signature required when reconstituting)

DATE

3-30-06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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	P	<input type="checkbox"/> Delete
NAME	AUSTIN, JOHN R.	
STREET ADDRESS	5379 MYRTLE LANE 4421 13TH AVE S.W.	
CITY-ST-ZIP	NAPLES FL 34113 34116	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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

JOHN R. AUSTIN

3-30-06

239-571-1969

Date:

Daytime Phone #