
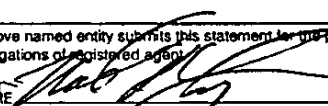
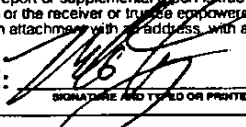


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90020 003 \*\*\*150.00

08-15-2005 90079 031 \*\*\*400.00

<b>DOCUMENT # P00000047367</b>			
1. Entity Name <b>AUSTIN BUILDING SERVICES, INC.</b>			
Principal Place of Business <b>1106 WEST KNOLLWOOD STREET TAMPA, FL 33604</b>		Mailing Address <b>1106 WEST KNOLLWOOD STREET TAMPA, FL 33604</b>	
2. Principal Place of Business <b>1000 Peninsula Ave</b>		3. Mailing Address <b>1000 Peninsula Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tarpon Springs, FL</b>		City & State <b>Tarpon Springs, FL</b>	
Zip <b>34689</b> Country <b>U.S.A.</b>		Zip <b>34689</b> Country <b>U.S.A.</b>	
4. FEI Number <b>59-3850079</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LACY, MICHAEL R 1106 WEST KNOLLWOOD STREET TAMPA, FL 33604</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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	
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRONSON, MICHAEL L 1106 W KNOLLWOOD STREET TAMPA, FL 33604</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LACY, MICHAEL R 1106 W KNOLLWOOD ST. TAMPA, FL 33604</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Lacy, Michael R 1000 Peninsula Ave. Tarpon Springs, FL 34689</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Daytime Phone #	