


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P0000073056 1. Entity Name AUSTIN HOLDING CORPORATION	
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Principal Place of Business 6000 TURKEY LAKE RD SUITE 211 ORLANDO, FL 32819-4426	Mailing Address 8587 BANYAN BLVD ORLANDO, FL 32819 US
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01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3667170	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, WILLIAM W
6000 TURKEY LAKE RD
SUITE 211
ORLANDO, FL 32819-4426

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, WILLIAM W 6000 TURKEY LAKE RD SUITE 211 ORLANDO, FL 328194426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST AUSTIN, WILLIAM W 6000 TURKEY LAKE RD SUITE 211 ORLANDO, FL 328194426
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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: William W Austin PresD. WILLIAM W. AUSTIN 4/30/07 407-370-2588
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #