

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000035685

1. Entity Name
AUSTIN CONSTRUCTION SPECIALTIES, INC.



Principal Place of Business
**4651 ARNOLD AVENUE
NAPLES, FL 34104**

Mailing Address
**4651 ARNOLD AVENUE
NAPLES, FL 34104**



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1104121

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAVIELLO, MICHAEL A JR.
1025 FIFTH AVENUE NORTH
NAPLES, FL 34102**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AUSTIN, MICHAEL J
STREET ADDRESS	4651 ARNOLD AVENUE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VS
NAME	AUSTIN, MARK J
STREET ADDRESS	4651 ARNOLD AVENUE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	T
NAME	CERE, STEVE
STREET ADDRESS	4108 CINDY AVENUE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/05-800143-006 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2/15/05

Date

(239) 643-5691

Daytime Phone #