

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90010 009 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P01000121845 1. Entity Name AUSTIN MARINE CONSTRUCTION, INC. | | | | | |
| Principal Place of Business 8726 COBBLESTONE DR TAMPA, FL 33615 | | | | Mailing Address 8726 COBBLESTONE DR TAMPA, FL 33615 | |
| 2. Principal Place of Business 23300 Nickel Ln. | | 3. Mailing Address 23300 Nickel Ln. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01142006 Chg-P CR2E034 (11/05) | |
| City & State Land O' LAKES, FL | | City & State Land O' LAKES, FL | | 4. FEI Number 01-0563988 | |
| Zip 34639 | | Country USA | | Applied For Not Applicable | |
| Zip 34639 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AUSTIN, FRED M JR 8726 COBBLESTONE DR TAMPA, FL 33615 * Change of Address Only * | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PSTD AUSTIN, FRED M JR 8726 COBBLESTONE DR 23300 Nickel Ln. TAMPA, FL 33615 Land O' LAKES, FL 34639 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD AUSTIN, FRED M JR. 8726 COBBLESTONE DR 23300 Nickel Ln. TAMPA, FL 33615 Land O' LAKES, FL 34639 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: Fred M Austin Jr. President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-15-06 (813) 368-4660 <small>Date Daytime Phone #</small> | | |