
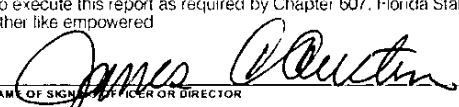


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90386 002 ***150.00

DOCUMENT # P02000113279 1. Entity Name JIM & WANDA AUSTIN, INC.					
Principal Place of Business 3906 SW JARMER ROAD PORT ST LUCIE, FL 34953			Mailing Address 3906 SW JARMER ROAD PORT ST LUCIE, FL 34953		
2. Principal Place of Business 311 SE VOIKERTS TERRACE Suite, Apt. #, etc. Port St. Lucie, FL		3. Mailing Address 311 SE VOIKERTS TERRACE Suite, Apt. #, etc. Port St. Lucie, FL			
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 03-0487769	
Zip 34983		Country ST Lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUSTIN, JAMES C 3906 SW JARMER ROAD PORT ST LUCIE, FL 34953			7. Name and Address of New Registered Agent Name Austin James C Street Address (P O Box Number is Not Acceptable) 311 SE VOIKERTS Terrace City Port St Lucie FL Zip Code 34983		
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 _____					
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 P NAME AUSTIN, JAMES C STREET ADDRESS 3906 S.W. JARMER RD. CITY ST ZIP PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete		TITLE P NAME James C. Austin STREET ADDRESS 311 SE VOIKERTS Terrace CITY ST ZIP Port St Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME AUSTIN, WANDA L STREET ADDRESS 3906 S.W. JARMER RD. CITY ST ZIP PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete		TITLE VP NAME Wanda L Austin STREET ADDRESS 311 SE VOIKERTS Terrace CITY ST ZIP Port St Lucie, FL 34983	<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	
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: James C. Austin  4-13-06 712 8797826 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					