

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000083572

Entity Name: AUSTIN ESTATES, INC.

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1410 FT. DENAUD ROAD  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

25400 HARMONY RD  
SHERIDAN, OR 97378

**New Mailing Address:**

FEI Number: 68-0572918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAASS, RUTH A  
1410 CR 78 A  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: FAASS, RUTH A  
Address: 25400 SW HARMONY RD  
City-St-Zip: SHERIDAN, OR 97378

Title: VPD  
Name: WILLARD, BARBARA N  
Address: 381 SR 80 W  
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA N WILLARD

VP

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date