

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90051 007 ***158.75

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1. Entity Name
AUSTIN GRANT, INC.



Principal Place of Business
**3799 BRANTLEY PLACE CIR
APOPKA, FL 32703**

Mailing Address
**3799 BRANTLEY PLACE CIR
APOPKA, FL 32703**

40044794

2. Principal Place of Business
3799 BRANTLEY PL. CR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 915139
Suite, Apt. #, etc.

02042005 Chg-P CR2E034 (10/03)

City & State
APOPKA, FLORIDA
Zip **32703** Country **USA**

City & State
LONGWOOD, FLORIDA
Zip **32791** Country **USA**

4. FEI Number **42-1634984** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRANT, LUCIE AUSTIN
3799 BRANTLEY PLACE CIR
APOPKA, FL 32703**

7. Name and Address of New Registered Agent

Name **WILLIAM GRANT**
Street Address (P.O. Box Number is Not Acceptable)
3799 BRANTLEY PL. CR.
City **APOPKA** FL Zip Code **32703**

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

1 APR 05

**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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **P**
STREET ADDRESS **LUCIE GRANT**
CITY-ST-ZIP **3799 BRANTLEY PL. CR.
APOPKA, FL. 32703**

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **WILLIAM GRANT**
CITY-ST-ZIP **3799 BRANTLEY PL. CR.
APOPKA, FL. 32703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Lucie Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 APR 05

Date

Daytime Phone #

407.295.6638