

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

P04000094015

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04/24/06 90409 044158.75  
1st MOORE CR2E034 (10/06)

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P04000094015</b><br>1. Entity Name<br><b>AUSTIN GRANT, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>3799 BRANTLEY PLACE CIR<br/>APOPKA FL 32703</b>  |  |   | Mailing Address<br><b>P.O. BOX 915139<br/>LONGWOOD FL 32791</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |   |  |
| City & State<br><br>Zip Country  |  | City & State<br><br>Zip Country               |   | 4. FEI Number <b>42-1634984</b><br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | 6. Name and Address of Current Registered Agent<br><br><b>GRANT, WILLIAM<br/>3799 BRANTLEY PLACE CIR<br/>APOPKA FL 32703</b>  |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code   |  |   |   | 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee Will Be \$550.00<br/>Make Check Payable to Florida Department of State</b>  |  |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | P<br>GRANT, LUCIE<br>3799 BRANTLEY PLACE<br>APOPKA FL 32703<br><input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | V<br>GRANT, WILLIAM<br>3799 BRANTLEY PLACE<br>APOPKA FL 32703<br><input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <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 Section 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: <i>Lucie Grant</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | Date <b>2/8/07</b> 407-523-7842<br><small>Daytime Phone #</small> |   |  |

ATTACHMENT

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#P04000694015



Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

To Whom It May Concern:

Austin Grant Inc. files two annual reports for 2006. One filing was done online and another was mailed with a check. The check number was 7040 for an amount of \$158.75. This resulted in an overpayment of \$158.75. Can the state please use the 2006 overpayment for the 2007 annual report?

Thank you for your assistance in the matter and I look forward to receiving the certificate of status.

Best Regards,

A handwritten signature in cursive script that reads "Lucie Grant".

Lucie Grant  
President