
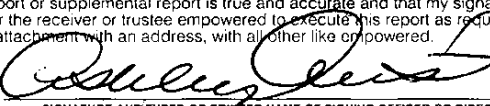


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90007 025 ***150.00

DOCUMENT # P05000079903 1. Entity Name AUSTIN SEWER & SEPTIC, INC.					
Principal Place of Business 1007 CHARLES STREET WEST PALM BEACH, FL 33401			Mailing Address 1007 CHARLES STREET WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # 673 State Rd 78 W Suite, Apt. #, etc.		3. Mailing Address 673 State Rd 78 W Suite, Apt. #, etc.			
City & State Okeechobee FL Zip 34974 Country US		City & State Okeechobee FL Zip 34974 Country US		4. FEI Number 20-2947086	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AUSTIN, WILLIAM 1007 CHARLES STREET WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD AUSTIN, WILLIAM 1007 CHARLES STREET WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD AUSTIN, ASHLEY 1007 CHARLES STREET WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	William Dirscher 268 Northlake Frances Rd Crossville, TN 38571	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Austin, Ashley 673 State Rd 78 W Okeechobee FL 34974	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Austin, Ashley 673 State Rd 78 W Okeechobee FL 34974	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Austin, Ashley 673 State Rd 78 W Okeechobee FL 34974	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Austin, Ashley 673 State Rd 78 W Okeechobee FL 34974	<input type="checkbox"/> Delete			
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: 			Date Jan. 25 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		