

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17464

Entity Name: JAMES AUSTIN, COMPANY

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 827
MARS, PA 16046

New Principal Place of Business:

Current Mailing Address:

PO BOX 827
MARS, PA 16046

New Mailing Address:

FEI Number: 25-0333330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRAISTER, ROBERT REED
8 BULOW WOODS CR.
FLAGLER BEACH, FL 32036 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AUSTIN, JOHN T.,
Address: PO BOX 827 115 DOWNIEVILLE RD.
City-St-Zip: MARS, PA 16046

Title: S () Delete
Name: HENDERSON, LISA,
Address: PO BOX 827 115 DOWNIEVILLE RD.
City-St-Zip: MARS, PA 16046

Title: T () Delete
Name: DOWNIE, ROBERT,
Address: PO BOX 827 115 DOWNIEVILLE RD.
City-St-Zip: MARS, PA 16046

Title: D () Delete
Name: DOUGLAS, AUSTIN J
Address: PO BOX 827 115 DOWNIEVILLE RD.
City-St-Zip: MARS, PA 16046

Title: D () Delete
Name: AUSTIN, JOHN T., JR.,
Address: PO BOX 827 115 DOWNVILLE RD.
City-St-Zip: MARS, PA 16046

Title: P () Delete
Name: AUSTIN, HARRY G., II, I
Address: PO BOX 827 115 DOWNEVILLE RD
City-St-Zip: MARS, PA 16046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT C. DOWNIE

TREA

01/19/2005

Electronic Signature of Signing Officer or Director

Date