

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17464

FILED  
Jan 10, 2012  
Secretary of State

Entity Name: JAMES AUSTIN, COMPANY

**Current Principal Place of Business:**

115 DOWNIEVILLE ROAD  
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:**

BARD, DENNIS  
1260 BISCAYNE BLVD  
DELAND, FL 32724 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: PRES  
Name: AUSTIN, HARRY G III  
Address: PO BOX 827 115 DOWNIEVILLE RD.  
City-St-Zip: MARS, PA 16046

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

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

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

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

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: ROBERT C. DOWNIE

TRES

01/10/2012

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

\_\_\_\_\_  
Date