



# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 16 AM 9:24

<b>DOCUMENT # P94000013799</b> 1. Entity Name <b>AUSTIN APPRAISERS, INC.</b>					
Principal Place of Business <b>297 FOXRIDGE RD ORANGE PARK, FL 32065</b>			Mailing Address <b>297 FOXRIDGE RD ORANGE PARK, FL 32065</b>		
2. Principal Place of Business <b>2516 Sunny Creek Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>2516 Sunny Creek Drive</b> Suite, Apt. #, etc.			
City & State <b>Orange Park, FL</b> Zip <b>32003</b>		City & State <b>Orange Park, FL</b> Zip <b>32003</b>		4. FEI Number <b>59-3226732</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AUSTIN, SCOTT A 297 FOXRIDGE RD ORANGE PARK, FL 32065</b>				7. Name and Address of New Registered Agent Name <b>Austin, Scott A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2516 Sunny Creek Drive</b> City <b>Orange Park</b> <b>FL</b> Zip Code <b>32003</b>	
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 <u><i>Scott A. Austin</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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, SCOTT A 297 FOXRIDGE ROAD ORANGE PARK, FL 32065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V/M Austin, Barbara A. 2516 Sunny Creek Drive Orange Park, Florida 32003</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400062229194 12/16/05--01049--003 **\$61.25</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Scott A. Austin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12/13/05 904-509-8428 <small>Date Daytime Phone #</small>			