


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90060 036 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P96000098394</b>                               |  |
| <b>1. Entity Name</b><br>AUSTIN DEVELOPMENT AND REALTY CORP. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>115 LAUREL OAK DRIVE<br>LONGWOOD FL 32779 | <b>Mailing Address</b><br>115 LAUREL OAK DRIVE<br>LONGWOOD FL 32779 |
|---|---|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |



MOORE CR2E034 (11/03)

|  |   |
|--|---|
| <b>4. FEI Number</b><br>59-3443708   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b>   |   |
| AUSTIN, WILLIAM W<br>115 LAUREL OAK DRIVE<br>LONGWOOD FL 32779   |   |
| <b>7. Name and Address of New Registered Agent</b>   |   |
| 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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---|---|---|
| <b>TITLE</b>               | <b>P</b> <input type="checkbox"/> Delete                        | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                | AUSTIN, WILLIAM W   | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>      | 115 LAUREL OAK DRIVE  | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>         | LONGWOOD FL 32779   | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b>               | <b>VPS</b> <input type="checkbox"/> Delete                      | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                | AUSTIN, GAYLE B   | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>      | 115 LAUREL OAK DR   | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>         | LONGWOOD FL 32779   | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b>               | <b>Vice President/Treasurer</b> <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                | Katharine A. Brown  | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>      | 115 Laurel Oak Dr   | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>         | Longwood Fla 32799  | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b>               | <input type="checkbox"/> Delete                                 | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |   | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>      |   | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>         |   | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b>               | <input type="checkbox"/> Delete                                 | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |   | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>      |   | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>         |   | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b>               | <input type="checkbox"/> Delete                                 | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |   | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>      |   | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>         |   | <b>CITY-ST-ZIP</b>                                    |   |

**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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_