## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P98000061343**

1. Entity Name AUSTIN CMP, INC.

Principal Place of Business

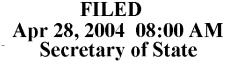
3909 E SEMORAN BLVD

BLDG 599 APOPKA, FL 32703 Mailing Address

522 HUNT CLUB BLVD

PMB 412

APOPKA, FL 32703





## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GNATURE AND TYPED OR PRINTED NAME OF

| E SEMIFERI DE F | MEM 2 EMES   MARRE MARKE MA | lets mmitw milms samme souts binne 3331 mms it |
|-----------------|-----------------------------|--|
| 04262004        | No Chg-P                    | CR2E034 (10/03)                                |

Applied For 4. FEI Number 59-3524005 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

HUTTO, THOMAS M JR.

3909 E SEMORAN BLVD **BLDG 599** APOPKA, FL 32703

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| the obligations of registered agent.  SKGNATURE  Scorplage board or consequence of consequence and this 4 ancionable (NOTE Payment Agent sometime required sheet registation).  DATE  |   |  |   |   |  |  |
|---|---|--|---|---|--|--|
| FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Senature in proceed agent and title of applicable. (NOTE: Registered Agent signature required when remaining)  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. |   |  |   |   | onic .   |  |
| TO.  ITTLE  NAME STREET ADDRESS CITY-ST-ZIP   | P<br>HUTTO, THOMAS M JR<br>3909 E SEMORAN BLVD BLDG 599<br>APOPKA, FL 32703   | TORS   |   |   | U09800135318   |  |
| BILE<br>NAME<br>STREET ADDRESS<br>CITY-SI-ZIP   | V<br>CHANDRINOS, FAYE<br>3909 E SEMORAN BLVD BLDG 599<br>APOPKA, FL 32703   | ·  |   |   | 900000135318<br>04/28/04-80077-001 150.00  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VO<br>SHUMATE, CARL I SR<br>3909 E SEMORAN BLVD BLDG 599<br>APOPKA, FL 32703  |  |   | DO NOT WRITE  |  |  |
| title<br>Name<br>Street Address<br>City-St-Zip  |   |  | IN THIS SPACE                                   |   |  |  |
| name<br>Street address<br>City-S1-BP  |   |  |   |   |  |  |
| TOTES NAME STREET ADDRESS CITY-ST-DP  |   |  |   |   |  |  |
| 12. I hereby<br>indicated<br>of the col<br>changed  | certify that the information supplied with this fit on this report or supplemental report is true reportation or the receiver or trustee empowers, or on an attachment with an address, with at | ling does not qualify for the ext<br>and accurate and that my signs<br>of to execute this report as requ<br>is other like empowered. | emption state<br>iture shall he<br>fred by Chap | ed in Section 119.07(3)<br>we the same legal effe<br>prer 607, Florida Statut | (f), Florida Statutes. I further certify that the Information of as if made under oath, that I am an officer or director es, and that my name appears in Block 10 or Block 11 if |  |