


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90172 049 ***158.75

DOCUMENT # P98000017384

1. Entity Name
AUXILIARY CONSTRUCTION SERVICES, INC.



Principal Place of Business
**111 S MONROE STREET
 STE 3000
 TALLAHASSEE, FL 32301**

Mailing Address
**111 S MONROE STREET
 STE 3000
 TALLAHASSEE, FL 32301**

2. Principal Place of Business
2933 W. S.R. 434

3. Mailing Address
2933 W. S.R. 434

Suite, Apt. #, etc.
#101


City & State
Longwood FL

City & State
Longwood FL

Zip
32779

Country

14003652



04052005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3497942

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BARRETT, DAVID A
 111 S MONROE STREET
 STE 3000
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
 Name **H.J. Royall Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
2933 W. S.R. 434
#101
 City **Longwood** **FL** Zip Code **32779**

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  **H.J. Royall Jr.** DATE **4-6-05**

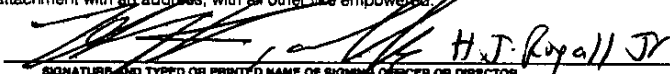
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, DAVID A 111 S MONROE ST, STE 3000 TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director H.J. Royall Jr 2933 W. S.R. 434 #101 Longwood, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **H.J. Royall Jr.** DATE **4-6-05** DAYTIME PHONE # **407-7740303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR