## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 13, 2006 08:00 AM DOCUMENT # G31044 **Secretary of State** ROYSTER CONSTRUCTION COMPANY, INC. Mailing Address Principal Place of Business 904 SKIPPER AVENUE 904 SKIPPER AVENUE ; FT. WALTON BCH., FL 32547-1806 FT. WALTON BCH., FL 32547-1806 No Chg-P CR2E034 (11/05) 01172006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2292631 Not Applicate \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROYSTER, CLUADE C III 808 EAST LAKE DRIVE SHALIMAR, FL 32579 IN THIS SPACE 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 acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registored Agent signature required when reinstaling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000431113 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 02/23/06-80015-009 150.00 10. OFFICERS AND DIRECTORS TITLE NAME ROYSTÉR, CLAUDE C III STREET ADDRESS 808 EAST LAKE DR. CITY-ST-ZIP SHALIMAR, FL TITLE ROYSTER, CLAUDE C III MAME STREET ADDRESS 808 EAST LAKE DRIVE C(TY-ST-ZIP SHALIMAR, FL ST TITLE ROYSTER, CLAUDE C III NAME 808 EAST LAKE DRIVE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP SHALIMAR, FL IN THIS SPACE T(T) F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other-like expowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

PHO.8632731