


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # G31044 1. Entity Name ROYSTER CONSTRUCTION COMPANY, INC.	
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Principal Place of Business 904 SKIPPER AVENUE FT. WALTON BCH., FL 32547-1806	Mailing Address 904 SKIPPER AVENUE FT. WALTON BCH., FL 32547-1806
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01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number 59-2292631	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROYSTER, CLAUDE C III 808 EAST LAKE DRIVE SHALIMAR, FL 32579
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**DO NOT WRITE
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 accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U000000628468
02/16/07-80016-008 300.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROYSTER, CLAUDE C III 808 EAST LAKE DR. SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROYSTER, CLAUDE C III 808 EAST LAKE DRIVE SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROYSTER, CLAUDE C III 808 EAST LAKE DRIVE SHALIMAR, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claude C. Royster III **Claude C. Royster, III** 01-15-07 850.863.2731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #