## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # G31044**

1. Entity Name

ROYSTER CONSTRUCTION COMPANY, INC.



**FILED** Feb 08, 2008 08:00 AN Secretary of State

CR2E034 (11/05)

Principal Place of Business

Mailing Address

904 SKIPPER AVENUE

FT. WALTON BCH., FL 32547-1806

904 SKIPPER AVENUE FT. WALTON BCH., FL 32547-1806



01182008 DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-2292631 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROYSTER, CLUADE C III 808 EAST LAKE DRIVE SHALIMAR, FL 32579

## DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		, , ,			
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				000000820331 02/18/08-80024-013 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROYSTER, CLAUDE C III 808 EAST LAKE DRIVE SHALIMAR, FL		DO NOT WRITE				
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE					•		

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:** 

NAME STREET ADDRESS CITY-ST-ZIP

Claude C. Royster II