

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H91465**

1. Entity Name  
**AAA ROYSTER'S STORAGE VAN RENTALS, INC.**



Principal Place of Business  
**4949 W PENSACOLA ST  
TALLAHASSEE, FL 32303**

Mailing Address  
**4101 HENIARD DRIVE  
TALLAHASSEE, FL 32303**

**DO NOT WRITE IN THIS SPACE**



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2698057**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MUNROE, PETE CPA  
2727 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	ROYSTER, N. RICHARD
STREET ADDRESS	4101 HENIARD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	TD
NAME	ROYSTER, N. RICHARD
STREET ADDRESS	4101 HENIARD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	SDP
NAME	ROYSTER, LINDA P.
STREET ADDRESS	4101 HENIARD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/05-80035-019 150.00

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IN THIS SPACE**

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:**

*Linda Royster* Linda Royster

3-15-05

Date

850-574-3800

Daytime Phone #