


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90395 041 ***150.00

DOCUMENT # P05000115471	
1. Entity Name ROYSTON FARMS, INC.	

Principal Place of Business 7141 NEAL RD. FT. MYERS, FL 33905	Mailing Address P.O. DRAWER 60205 C/O ROBERT D. ROYSTON, JR FT. MYERS, FL 33906
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address Robert D. Royston, Jr.
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Suite, Apt. #, etc.	Suite, Apt. #, etc. 134 SW 52nd Street
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City & State	City & State Cape Coral, FL
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Zip	Country	Zip 33914	Country
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6. Name and Address of Current Registered Agent			
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ROYSTON, ROBERT D. JR. ESQ 12670 NEW BRITTANY BLVD., STE. 101 FT. MYERS, FL 33907			
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03132007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3330004	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent			
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Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL		Zip Code	

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROYSTON, ROBERT D. JR. 12670 NEW BRITTANY BLVD., STE. 101 FT. MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROYSTON, MATTHEW ROBERT 7141 NEAL RD. FT. MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROYSTON, KATHERINE L. 7141 NEAL RD. FT. MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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	
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	
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 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:		4/27/07
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		