

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90155 038 \*\*\*150.00

<b>DOCUMENT # P06000120143</b> 1. Entity Name <b>ROYSTON METAL WORKS, INC.</b>					
Principal Place of Business <b>2528 ANDALUSIA BLVD. UNIT 7 CAPE CORAL, FL 33909</b>			Mailing Address <b>ROBERT D. ROYSTON, JR. 134 SW 52ND STREET CAPE CORAL, FL 33914</b>		
2. Principal Place of Business - No P.O. Box # <b>883 NE 27th Lane</b>		3. Mailing Address Suite, Apt. #, etc. <b>Unit 5</b>			
City & State <b>Cape Coral</b>		City & State <b>FL</b>		4. FEI Number <b>20-5556741</b>	
Zip <b>33909</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROYSTON, ROBERT D JR.- COSTELLO &amp; ROYSTON, LLP 12670 NEW BROTTANY BLVD., SUITE 101 FORT MYERS, FL 33907</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PD NAME: ROYSTON, MATTHEW R STREET ADDRESS: 2528 ANDALUSIA BLVD. UNIT 7 CITY-ST-ZIP: CAPE CORAL, FL 33909			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>883 NE 27th Lane</b> STREET ADDRESS: <b>Unit 5</b> CITY-ST-ZIP: <b>Cape Coral, FL 33909</b>		
TITLE: ST NAME: ROYSTON, KATHERINE L STREET ADDRESS: 2528 ANDALUSIA BLVD. UNIT 7 CITY-ST-ZIP: CAPE CORAL, FL 33909			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>883 NE 27th Lane</b> STREET ADDRESS: <b>Unit 5</b> CITY-ST-ZIP: <b>Cape Coral, FL 33909</b>		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span><b>4/29/08</b></span> <span><b>239-549-2386</b></span> </div>					