


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-24-2006 90027 004 ***150.00

DOCUMENT # P97000054486
 1. Entity Name
ROYSTER CONSTRUCTION OF HIGH SPRINGS, INC.



Principal Place of Business Mailing Address
 2639 E BELL AVE 2639 E BELL AVE
 BELL FL 32619 BELL FL 32619

2. Principal Place of Business 3. Mailing Address
2639 E. Bell Avenue 2639 E. Bell Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Bell, FL Bell, FL

Zip Country Zip Country
32619 U.S. 32619 U.S.

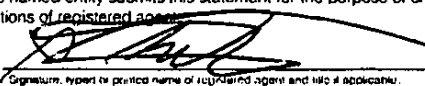
4. FEI Number Applied For
59-3151606 Not Applicable

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
H & R BLOCK
14557 NW US HWY 441
ALACHUA FL 32615

7. Name and Address of New Registered Agent
 Name H & R Block
 Street Address (P.O. Box Number is Not Acceptable)
14557 NW U.S. HWY 441
 City Alachua FL Zip Code 32615

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:  DATE: 4-4-06
(Signature, typed or printed name of registered agent and filer of application. (NOTE: Registered Agent signature required when renewing))

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

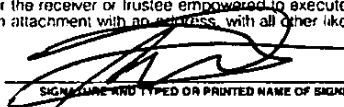
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROYSTER, WILLIAM R	
STREET ADDRESS	2639 E BELL AVE	
CITY-ST-ZIP	BELL FL 32619	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROYSTER, SHEILA L	
STREET ADDRESS	2639 E BELL AVE	
CITY-ST-ZIP	BELL FL 32619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:  DATE: 4-4-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #