




FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90004 038 ***150.00

2004
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047380			
1. Entry Name RYAN DRYWALL & SVCS., INC.			
Principal Place of Business 10024 CHESTNUT DR. HUDSON, FL 34669		Mailing Address 10024 CHESTNUT DR. HUDSON, FL 34669	
2. Principal Place of Business 10024 Chestnut Dr.		3. Mailing Address 10024 Chestnut Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HUDSON, FL		City & State HUDSON, FL	
Zip 34669		Country USA	
4. FEI Number 59-3716458		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYAN, JAMES W 10024 CHESTNUT DRIVE - Change HUDSON, FL 34669		7. Name and Address of New Registered Agent Name Gene L. RYAN Street Address (P.O. Box Number is Not Acceptable) 10024 CHESTNUT DRIVE City Hudson FL Zip Code 34669	
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 Gene L. RYAN - President		DATE 12-23-2003	
			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME RYAN, JAMES W	<input checked="" type="checkbox"/> Delete	TITLE President
STREET ADDRESS 10024 CHESTNUT DR	CITY-ST-ZIP HUDSON, FL 34669		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VST	NAME RYAN, JAMES W	<input checked="" type="checkbox"/> Delete	TITLE TREASURER
STREET ADDRESS 10024 CHESTNUT DRIVE	CITY-ST-ZIP HUDSON, FL 34669		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE Vice President
STREET ADDRESS	CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE Secretary
STREET ADDRESS	CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
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 exemption stated in Section 119.07(3)(f), 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 807, 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:  President		DATE: 12-23-2003 (727) 856-0827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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CHECK HERE IF MAKING CHANGES

CFR2E034 (1/02)