


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000047380

1. Entity Name
RYAN DRYWALL & SVCS., INC.



Principal Place of Business
**10024 CHESTNUT DR.
 HUDSON, FL 34669**

Mailing Address
**10024 CHESTNUT DR.
 HUDSON, FL 34669**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-3716458 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RYAN, GENE L
 10024 CHESTNUT DR.
 HUDSON, FL 34669**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	F
NAME	RYAN, GENE L
STREET ADDRESS	10024 CHESTNUT DR.
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	T
NAME	RYAN, GENE L
STREET ADDRESS	10024 CHESTNUT DR.
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	S
NAME	RYAN, JAMES O
STREET ADDRESS	10024 CHESTNUT DR.
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

05/09/05-59164-004 50.00

05/11/06-80004-004 150.00

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 507, 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: *Gene Ryan* **(727)856-0827**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #