

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 21, 2005 8:00 am
Secretary of State**

03-21-2005 90073 023 ***150.00

DOCUMENT # 7040000694
1. Entity Name
JOHN RYAN ELECTRIC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
61 RESERVOIR PARK DRIVE
Suite, Apt. #, etc.

3. Mailing Address
61 RESERVOIR PARK DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ROCKLAND, MA		City & State ROCKLAND, MA		4. FEI Number 04-3304788	Applied For Not Applicable
Zip 02370	Country	Zip 02370	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOHN S. RYAN

Street Address (P.O. Box Number is Not Acceptable)
1801 CLACTON DR.

City
ORLANDO

State
FL

Zip Code
32837

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 [Signature] JOHN S. RYAN, REGISTERED AGENT 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN S. RYAN 61 RESERVOIR PARK DRIVE ROCKLAND, MA 02370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOHN S. RYAN 61 RESERVOIR PARK DRIVE ROCKLAND, MA 02370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLERK JOHN S. RYAN 61 RESERVOIR PARK DRIVE ROCKLAND, MA 02370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN S. RYAN 61 RESERVOIR PARK DRIVE ROCKLAND, MA 02370
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JOHN S. RYAN, PRESIDENT 2/28/05 781-681-9650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #