

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006941

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: JOHN RYAN COMPANY, INC..

**Current Principal Place of Business:**

149 CAMELOT DRIVE  
PLYMOUTH, MA 02360

**New Principal Place of Business:**

**Current Mailing Address:**

149 CAMELOT DRIVE  
PLYMOUTH, MA 02360

**New Mailing Address:**

FEI Number: 04-3304788      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RYAN, JOHN  
1801 CLACTON DR.  
ORLANDO, FL 32837      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RYAN, JOHN S  
Address: 61 RESERVOIR PARK DR  
City-St-Zip: ROCKLAND, MA 02370

Title: T ( ) Delete  
Name: BURNS, EDWARD J  
Address: 36 MAGNOLIA DR  
City-St-Zip: NORTH ATTLEBORO, MA 02760

Title: VP ( ) Delete  
Name: MORRISSEY, JOSEPH  
Address: 72 DEERFIELD PATH  
City-St-Zip: MIDDLEBORO, MA 02346

Title: VP ( ) Delete  
Name: WHITE, JOHN H  
Address: 84 CENTRAL ST  
City-St-Zip: ABINGTON, MA 02351

Title: VP ( ) Delete  
Name: BANKS, RICHARD  
Address: 560 GROVELAND STREET  
City-St-Zip: ABINGTON, MA 02351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RYAN, JOHN S  
Address: 149 CAMELOT DRIVE  
City-St-Zip: PLYMOUTH, MA 02360

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN RYAN

Electronic Signature of Signing Officer or Director

PRES

04/29/2009

\_\_\_\_\_ Date