

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-21-2005 90084 021 \*\*\*150.00

**DOCUMENT # F94999**

1. Entity Name

RYAN TIRE & PETROLEUM, INC.



Principal Place of Business

2650 EDISON AVENUE  
FORT MYERS FL 33916

Mailing Address

545 PRATHER DRIVE  
FORT MYERS FL 33916

2. Principal Place of Business

3. Mailing Address

2650 Edison Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Myers, FL

Zip

Country

Zip

33916

Country

USA

4. FEI Number

59-2249420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, BRUCE K  
2650 EDISON AVENUE  
FORT MYERS FL 33916

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME RYAN, BRUCE K  
STREET ADDRESS 545 PRATHER DR.  
CITY-ST-ZIP FT MYERS, FL 00000

TITLE PD ☒ Change ☐ Addition  
NAME Ryan, Bruce K  
STREET ADDRESS 2650 Edison Ave  
CITY-ST-ZIP Ft. Myers, FL 33916

TITLE D ☒ Delete  
NAME RYAN, CANDACE P  
STREET ADDRESS 545 PRATHER DR.  
CITY-ST-ZIP FT MYERS, FL 00000

TITLE D ☒ Change ☐ Addition  
NAME Ryan, Candace P.  
STREET ADDRESS 545 Prather Dr.  
CITY-ST-ZIP Ft. Myers, FL 33916

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Candace P. Ryan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05

239-334-1351

Date

Daytime Phone #