

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F98000003674**

1. Entity Name

RYAN HERCO PRODUCTS CORP.



Principal Place of Business

3010 N. SAN FERNANDO BLVD.  
BURBANK, CA 91504

Mailing Address

3010 N. SAN FERNANDO BLVD.  
BURBANK, CA 91504



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

95-1915233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 C  
NAME BECKWITH, RANDY  
STREET ADDRESS 3010 N. SAN FERNANDO BLVD.  
CITY- ST- ZIP BURBANK, CA 91504

TITLE DP  
NAME GIBBS, FRANK  
STREET ADDRESS 3010 N. SAN FERNANDO BLVD.  
CITY- ST- ZIP BURBANK, CA 91504

TITLE DV  
NAME KING, LAWRENCE  
STREET ADDRESS 3010 N. SAN FERNANDO BLVD.  
CITY- ST- ZIP BURBANK, CA 91504

TITLE ST  
NAME NASSAR, JOSEPH  
STREET ADDRESS 3010 N. SAN FERNANDO BLVD.  
CITY- ST- ZIP BURBANK, CA 91504

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000558725  
05/17/06-80108-003 150.00

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IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE NASSAR

4-28-06

Date

(818) 841-1141

Daytime Phone #