


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000007082</b>					
1. Entity Name <b>WJLN HOLDINGS, INC.</b>					
Principal Place of Business <b>1512 CHINA GROVE TRAIL TALLAHASSEE FL 32301-4972</b>			Mailing Address <b>1512 CHINA GROVE TRAIL TALLAHASSEE FL 32301-4972</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number <b>65-0884283</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>RYDER, LISE A 1512 CHINA GROVE TRAIL TALLAHASSEE FL 32301-4972</b>				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reconstituting)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, WILLIAM		NAME		
STREET ADDRESS	1508 CHINA GROVE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301-4972		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, JEANNE		NAME		
STREET ADDRESS	1508 CHINA GROVE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301-4972		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, NEIL P		NAME		
STREET ADDRESS	1584 CHINA GROVE TR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, JEFF W DR.		NAME		
STREET ADDRESS	1922 RAIN FOREST TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP		
TITLE	CPTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, LISE A		NAME		
STREET ADDRESS	1512 CHINA GROVE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FCI Number **65-0884283**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 D ☐ Delete  
NAME RYDER, WILLIAM  
STREET ADDRESS 1508 CHINA GROVE TRAIL  
CITY-ST-ZIP TALLAHASSEE FL 32301-4972

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

TITLE DS ☐ Delete  
NAME RYDER, JEANNE  
STREET ADDRESS 1508 CHINA GROVE TRAIL  
CITY-ST-ZIP TALLAHASSEE FL 32301-4972

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

TITLE DV ☐ Delete  
NAME RYDER, NEIL P  
STREET ADDRESS 1584 CHINA GROVE TR.  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE D ☐ Delete  
NAME RYDER, JEFF W DR.  
STREET ADDRESS 1922 RAIN FOREST TRAIL  
CITY-ST-ZIP SARASOTA FL 34240

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

TITLE CPTD ☐ Delete  
NAME RYDER, LISE A  
STREET ADDRESS 1512 CHINA GROVE TRAIL  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lise A. Ryder* | *Lise A. Ryder* 2/19/06 800-657-2201