

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H99190

Entity Name: RYAN'S DISTRIBUTING CO., INC.

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16608 WILLOW GLEN DR.  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

16608 WILLOW GLEN DR.  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 59-2636167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RYAN, BURKE  
16608 WILLOW GLEN  
ODESSA, FL 33556 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RYAN, NAOMI R.  
Address: 16608 WILLOW GLEN DR  
City-St-Zip: ODESSA, FL

Title: ST  
Name: RYAN, BURKE  
Address: 16608 WILLOW GLEN DR  
City-St-Zip: ODESSA, FL

I hereby 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 all other like empowered.

SIGNATURE: BURKE RYAN

PRES

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date