

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039356

Entity Name: ASHLEY RYAN, INC.

FILED  
May 06, 2007  
Secretary of State

**Current Principal Place of Business:**

656 61ST ST. SOUTH  
SAINT PETERSBURG, FL 33707 US

**New Principal Place of Business:**

**Current Mailing Address:**

656 61ST ST. SOUTH  
SAINT PETERSBURG, FL 33707 US

**New Mailing Address:**

FEI Number: 59-3642197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RYAN, ASHLEY  
656 61ST ST. SOUTH  
SAINT PETERSBURG, FL 33707 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RYAN, ASHLEY  
Address: 656 61ST ST. SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

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

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: ASHLEY RYAN

PD

05/06/2007

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

\_\_\_\_\_  
Date