


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90004 003 ***150.00

DOCUMENT # P0000084542
 1. Entity Name
LENORE NOLAN-RYAN, INC.



Principal Place of Business
 228 COMMERCIAL BLVD
 LAUDERDALE BY THE SEA, FL 33308

Mailing Address
 228 COMMERCIAL BLVD
 LAUDERDALE BY THE SEA, FL 33308



08172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-1039579 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 NOLAN-RYAN, LENORE
 228 COMMERCIAL BLVD
 LAUDERDALE BY THE SEA, FL 33308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NOLAN-RYAN, LENORE 228 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308
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DO NOT WRITE 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:  8-17-06 954-491-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Aug. 17, 2006

Dept. of State
Div. Of Corporations
P.O. Box 6196
Tallahassee, FL 32314

ATTACHMENT

50026359

Ref: NOLAN-RYAN; LENORE
228 Commercial Blvd.
LBTS, FL 33308
EIN # 65-1039579/Document P00000084542

TO WHOM IT MAY CONCERN:

I am in receipt of your Notice of Intent to Dissolve card advising about my 2006 ANNUAL/UNIFORM BUS. REPORT filing for my Corporation.

When I went on line to pay I noticed that I was being told I had to pay \$550.00. I believe that this usually is \$150.00. In checking past records and per the site, it advises that this report is usually due between January 1 and May 1, and that reports filed after May 1 may be subject to a late fee.

I evidently did not receive the original notice, which I guess comes in the same form as this notice (postcard).

Please accept my apology and I hope that you can find it in your heart to please waive the very heavy Profit Corporation REINSTATEMENT FEE. You will find my enclosed check #1571 in the amount of \$150.00.

Any questions or concerns, I can be reached at (954) 491-2340 if any further information or conversation is required.

Thank you

Sincerely,

Lenore Nolan-Ryan
228 Commercial Blvd.
Lauderdale By The Sea, FL 33308

Lenore Nolan-Ryan
by wlo