

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000008953**

1. Entity Name

W. RYAN ENTERPRISES, INC.



Principal Place of Business
1766 LEE JANZEN DR
KISSIMMEE FL 34744

Mailing Address
1766 LEE JANZEN DR
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2100309**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RYAN, WILLIAM T
1766 LEE JANZEN DR
KISSIMMEE FL 34744**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **P**
NAME **RYAN, WILLIAM T**
STREET ADDRESS **1766 LEE JANZEN DR**
CITY-ST-ZIP **KISSIMMEE FL 34744**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **ST**
NAME **RYAN, CATHERINE M**
STREET ADDRESS **1766 LEE JANZEN DR**
CITY-ST-ZIP **KISSIMMEE FL 34744**

Delete

TITLE
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Change Addition

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CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William T. J. Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-03

407-348-8872

Date

Daytime Phone #

Attachment

10110338

July 16, 2003

W. Ryan Enterprises, Inc
William T. Ryan, President
1766 Lee Janzen Drive
Kissimmee FL 34744

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee FL 32302-1500

Re: #P01000008953

Dear Sirs:

I am writing this as directed by your telephone instructions. The enclosed form is the first we have received for the 2003 Uniform Business Report. If we were sent a first notice, it was never received. We are submitting a check for \$150.00.

Sincerely,

William T. Ryan
William T. Ryan
President